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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office U	se Only	
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼		mple: If typion the lines.	ng, type	12FE	4M5		
BORDER HEALTH FED	ERAL PAC							
ADDRESS (number and street)	612 W. Nolana Sui	ite 340						
Check if different								
than previously reported. (ACC)	McAllen				TX	78504	<u> </u>	
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		Ş	STATE A		ZIP CODE 🛦	
C C00415752		3. IS THIS REPORT		NEW N) OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov 20 (M (Non-Election Year Only)	11)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	Dec 20 (M (Non-Election Year Only)	
April 15 Quarterly Report (Q1)		Apr 20 (M4)		Jul 20 (M7)	_Ц	Oct 20 (M10)	Jan 31 (YE	<u>:</u>)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Ele		Primary (12F		1	neral (12G)	Runoff (12F	₹)
October 15 Quarterly Report (Q3)	Report f	or the:	Convention (12C)	Spe	cial (12S)		
January 31 Year-End Report (YE)		Election on	M M /	D D /	Y Y Y Y	Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E Report f		General (300	G)	Rur	noff (30R)	Special (30	S)
Termination Report (TER)	перин	Election on	M = M /	D D /	Y Y Y	Y	in the State of	
5. Covering Period 01	/ D D / Y	2013	through	M M M	30	D / Y Y 20	13	_
I certify that I have examined this	Report and to the	e best of my kno	wledge and	belief it is tru	e, correc	ct and comple	te.	_
Type or Print Name of Treasurer	Ernie Perez							
Signature of Treasurer Ernie Pe	erez		[Electronicall	y Filed] D	ate	M M / D 30	2013	Y
NOTE: Submission of false, erroneou	us, or incomplete in	nformation may su	ubject the per	son signing th	is Repor	t to the penalti	es of 2 U.S.C. §437g	j
Office Use Only							FORM 3X Rev. 12/2004	

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
Е	BORDER HEALTH FEDERAL PA	AC	
R	eport Covering the Period: From:	01	To: 06 30 / Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		805236.25
	(b) Cash on Hand at Beginning of Reporting Period	805236.25	
	(c) Total Receipts (from Line 19)	255550.53	255550.53
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1060786.78	1060786.78
7.	Total Disbursements (from Line 31)	326609.90	326609.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	734176.88	734176.88
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Co	ntributions (other than loans) From:	1	
(a)	Individuals/Persons Other		
	Than Political Committees		040070 50
	(i) Itemized (use Schedule A)	219972.50	219972.50
	(ii) Unitemized	35578.03	35578.03
	(iii) TOTAL (add	, 33376.03	30070.00
	Lines 11(a)(i) and (ii)▶	255550.53	255550.53
	_	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
(d)	(such as PACs) Total Contributions (add Lines	7	0.00
(u)	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	255550.53	255550.53
. Tra	nsfers From Affiliated/Other		
	ty Committees	0.00	0.00
. All	Loans Received	0.00	0.00
. Loa	an Repayments Received	0.00	0.00
. Off	sets To Operating Expenditures		
(Re	funds, Rebates, etc.)		
(Ca	erry Totals to Line 37, page 5)	0.00	0.00
	unds of Contributions Made		·
	Federal Candidates and Other		
	itical Committees	0.00	0.00
	er Federal Receipts	0.00	0.00
	vidends, Interest, etc.)nsfers from Non-Federal and Levin Funds	0.00	0.00
	Non-Federal Account		
(a)	(from Schedule H3)	0.00	0.00
	(0.00	0.00
(h)	Levin Funds (from Schedule H5)	0.00	0.00
(5)	25 3.133 (1.5.11 33.133310 1.10)	7	7 7
(0)	Total Transfers (add 18(a) and 18(b))	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:	iotal illio i cilou	Valendai Tear-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	146600 00	140000 00
Expenditures(c) Total Operating Expenditures	146609.90	146609.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	146609.90	146609.90
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	150000.00	150000.00
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
(use Schedule F)	3.00	0.00
Loan Repayments Made	0.00	0.00
Loan Hopaymonia Wade	7	
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
_		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
(444 4.100 4.100 4.100 (4))		
Other Disbursements	30000.00	30000.00
	,	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	3.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	7	
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))	326609.90	326609.90
Total Fadard Dishurana da	,	, , , , , , , , , , , , , , , , , , ,
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	326609.90	326609.90
from Line 31)	320003.30	323003.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	255550.53	255550.53		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	255550.53	255550.53		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	146609.90	146609.90		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	146609.90	146609.90		

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: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XN Transaction ID:

\$5K contribution transaction dated 06.03.2013 to Congressman Vela is for debt retirement of 2012 primary election.

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	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. Ziad Abdeen Mailing Address 809-A Savannah #3		Date of Receipt 02 22 2013
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 private investor Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.20732 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed 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 18 2013 Transaction ID : SA11Al.21054 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21376 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:						PAGE	:	8	OF	;	385
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

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

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation private investor	Transaction ID : SA11AI.21692 Amount of Each Receipt this Period 125.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) 3. Dr. Ziad Abdeen Mailing Address 809-A Savannah #3		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.22013 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 750.00	- contribution
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.20421 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 ▼ 250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line numb	per only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt
City mission	State Zip Code TX 78572	02 22 2013 Transaction ID : SA11AI.20734 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt
City mission	State Zip Code TX 78572	7 Transaction ID : SA11AI.21056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane	0	04 12 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	_ contribution
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Son for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane		Date of Receipt
		05 10 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21694
		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 ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		M M / D D / Y Y Y Y Y
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22015
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) C. Ricardo Abreu		Date of Receipt
Mailing Address 200		M = M / D = D / Y = Y = Y
E. Xenops	State Zip Code	02 22 2013
McAllen	TX 78504	Transaction ID : SA11AI.20735 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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	>	650.00
TOTAL This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using 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	State Zip Code TX 78504	Date of Receipt 03 18 2013 Transaction ID: SA11Al.21057 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) General	Occupation physician Aggregate Year-to-Date ▼ 450.00	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 ▼ 600.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21379 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 ▼ 750.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	450.00
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 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) A. 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 ▼ 900.00	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) 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 Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 10 2013 Transaction ID : SA11AI.20423 Amount of Each Receipt this Period 250.00 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 Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	650.00
TOTAL This Period (last page this line number	r only)	

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

	LINE			:	PAGE	· 1	13	OF	: ;	385
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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) Ruben Abreu Mailing Address 104 augusta square		Date of Receipt
City mcallen	State Zip Code TX 78503	03 18 2013 Transaction ID : SA11AI.21058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square		Date of Receipt
City mcallen	State Zip Code TX 78503	04 12 2013 Transaction ID : SA11AI.21380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
Mailing Address 104 augusta square		05 10 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.21696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s)	Check only one)	PAGI
for each category of the Detailed Summary Page	X 11a 11b	11c
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BORDER HEALTH FEDERAL	PAC	
= " · · · · · · · · · · · · · · · · · ·		1
Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
Mailing Address 104 augusta square		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22017
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
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		01 10 2013 _
City	State Zip Code	Transaction ID : SA11AI.20424
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	250.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	, 250.00	
Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		Man / Dad / Yayayay
-		02 22 2013
City	State Zip Code TX 78577	Transaction ID : SA11AI.20737
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		750.00
SUBTOTAL of Receipts This Page (optional)	·····	750.00

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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) Juan Aguilera Mailing Address 807 North Cage		Date of Receipt
City	State Zip Code	03 18 2013 Transaction ID : SA11AI.21059
Pharr	TX 78577	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) Juan Aguilera Mailing Address 807 North Cage		Date of Receipt
City Pharr	State Zip Code TX 78577	04 12 2013 Transaction ID : SA11AI.21381 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.21697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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×	11a		11b		11c		12			
	13		14		15		16	;		17

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) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22018
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) 3. Michael Alleyn		Date of Receipt
Mailing Address 5505 N. 4th		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20427
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) ▼	250.00	
Full Name (Last, First, Middle Initial) . Michael Alleyn		Date of Receipt
Mailing Address 5505 N. 4th		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20740
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	
SUBTOTAL of Receipts This Page (optional	l)	750.00
TOTAL This Period (last page this line num	·	
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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 Alleyn Mailing Address 5505 N. 4th		Date of Receipt 03 18 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID : SA11AI.21062 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th	Stata Zin Codo	Date of Receipt 04 12 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.21384 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 ▼ 1000.00	- contribution
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	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	er only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22021 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 ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City	State Zip Code	Date of Receipt O1 10 2013
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78501 C Occupation private investor	Transaction ID : SA11AI.20429 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City	State Zip Code	Date of Receipt 02 22 2013 Transaction ID : SA11AI.20742
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah		Date of Receipt 03 18 2013
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.21064 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	State Zip Code TX 78501 C Occupation	Date of Receipt 04 12 2013 Transaction ID : SA11AI.21386 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
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)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional).	>	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah		Date of Receipt
City mcallen	State Zip Code TX 78501	06 21 2013 Transaction ID : SA11AI.22023 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 ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica		Date of Receipt 03 18 2013
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.21065 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City	State Zip Code	Date of Receipt 04 12 2013
Mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.21387 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 400.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	450.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt 05 10 2013 Transaction ID: SA11AI.21703 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physicain Aggregate Year-to-Date 500.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City Mission	State Zip Code TX 78572	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops 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 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	>	250.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Or. Edwardo Aquino Mailing Address 112 E. Xenops		Date of Receipt
·	7. 0. 1	06 21 2013
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22025
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dario Arango		Date of Receipt
Mailing Address 7004 N. Cynthia City	State Zip Code	01 10 2013 Transaction ID : SA11Al.20432
mcallen	TX 78504	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) Dario Arango		Date of Receipt
Mailing Address 7004 N. Cynthia City	State Zip Code	02 22 2013 Transaction ID: SA11AI.20744
mcallen	TX 78504	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 ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 18 2013 Transaction ID: SA11AI.21067 Amount of Each Receipt this Period 250.00 contribution
Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21389 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M / D D / 2013 Transaction ID: SA11Al.21705 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	750.00
TOTAL This Period (last page this line number	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) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 05 10 2013 Transaction ID: SA11AI.21706 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		350.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola		Date of Receipt
Mailing Address 5114 N. 10th Street		03 18 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.21071
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	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) . Dr. Pedro Arrazola		Date of Receipt
Mailing Address 5114 N. 10th Street		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21392
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	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola		Date of Receipt
Mailing Address 5114 N. 10th Street		05 10 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
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or		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt
	City Brownsville	State Zip Code TX 78526	03 18 2013 Transaction ID : SA11AI.21072 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Brownsville FEC ID number of contributing	State Zip Code TX 78526	Transaction ID : SA11AI.21393 Amount of Each Receipt this Period 100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
C.	Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt
	City Brownsville	State Zip Code TX 78526	05 10 2013 Transaction ID : SA11Al.21709
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
	Other (specify) UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of	<u> </u>	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt
City Brownsville	State Zip Code TX 78526	06 21 2013 Transaction ID : SA11AI.22029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive	Chata 7: Co-d-	Date of Receipt 03 18 2013
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.21073 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) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive City	State Zip Code	Date of Receipt 04 12 2013 Transaction ID: SA11Al.21394
Edinburg FEC ID number of contributing federal political committee.	TX 78539	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 ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)		250.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	05 10 2013 Transaction ID : SA11AI.21710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	7 Transaction ID : SA11AI.22030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
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) Dr. Felipe Avila		Date of Receipt
Mailing Address 104 W. 20th Street	2011	01 10 2013
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.20439 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 doctor Aggregate Year-to-Date ▼ 250.00	. contribution
SUBTOTAL of Receipts This Page (optional)	•	400.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
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 22 2013 Transaction ID : SA11AI.20768 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer self-employed	Occupation doctor	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt 03 18 _2013 _			
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21075 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer self-employed	Occupation doctor	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) Dr. Felipe Avila		Date of Receipt			
Mailing Address 104 W. 20th Street	01.11	04 12 / Y = Y = Y = Y = Y			
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21396 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 doctor Aggregate Year-to-Date ▼ 1000.00	_ contribution			
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	er only)				

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt				
City Weslaco	State Zip Code TX 78596	05 10 2013 Transaction ID : SA11AI.21712 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed	Occupation doctor	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) 3. Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.22032 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed	Occupation doctor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Dr. Wilfredo Aviles		Date of Receipt				
Mailing Address 2600 Wildwood	7.0.1	05 10 2013				
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21713 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 250.00	_ contribution				
SUBTOTAL of Receipts This Page (optional)		550.00				
TOTAL This Period (last page this line numb	per only)	7				

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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) 1. Dr. Wilfredo Aviles		Date of Receipt
Mailing Address 2600 Wildwood		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22033
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Roberto A, Ayers Mailing Address 1900 S. Jackson #7		Date of Receipt
		03 18 2013
City	State Zip Code	Transaction ID : SA11AI.21077
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Roberto A, Ayers		Date of Receipt
Mailing Address 1900 S. Jackson #7		04 12 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.21398
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number	ber 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 FUII) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) 1. Dr. Roberto A, Ayers		Date of Receipt
Mailing Address 1900 S. Jackson #7		05 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.21714
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Roberto A, Ayers Mailing Address 1900 S. Jackson #7		Date of Receipt
City	State Zip Code	06 21 2013
McAllen	TX 78501	Amount of Each Receipt this Period
_		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 ▼ 600.00	
Full Name (Last, First, Middle Initial) . Murphy Badiga		Date of Receipt
Mailing Address 1503 S. Airport suite 6		01 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.20442
weslaco	TX 78596	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 ▼	1
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional) \	600.00
TOTAL This Period (last page this line num	<u> </u>	

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	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Murphy Badiga		Date of Receipt
Mailing Address 1503 S. Airport suite 6		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20745
weslaco	TX 78596	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 ▼	1
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) 3. Murphy Badiga		Date of Receipt
Mailing Address 1503 S. Airport		M = M / D = D / Y = Y = Y
suite 6	0)-1-	03 18 2013
City	State Zip Code	Transaction ID : SA11AI.21078
weslaco	TX 78596	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 ▼	1
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) . Murphy Badiga		Date of Receipt
Mailing Address 1503 S. Airport suite 6		04
City	State Zip Code	Transaction ID : SA11AI.21399
weslaco	TX 78596	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 Other (specify) ▼	1600.00	
SUBTOTAL of Receipts This Page (optional	ıl) >	1200.00
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	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 ▼ 2000.00	Date of Receipt Mark
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 ▼ 2400.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22035 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	r 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) Cayetano Barrera Mailing Address 501 Mockingbird Lane	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Transaction ID : SA11AI.22036 Amount of Each Receipt this Period 50.00 contribution		
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	State Zip Code TX 78504 C Occupation	Date of Receipt M		
Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 250.00			
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		
SUBTOTAL of Receipts This Page (optional)	>	300.00		
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.							
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer	Date of Receipt					
	City mcallen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21401 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	125.00				
	Name of Employer self-employed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	contribution				
	Primary General Other (specify) ▼	500.00					
В.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer	Date of Receipt					
	City	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21717 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	125.00				
	Name of Employer self-employed Receipt For:	Occupation private investor	contribution				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00					
 С.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera		Date of Receipt				
	Mailing Address 3000 Yellowhammer City	06 21 2013 Transaction ID : SA11Al.22037					
	mcallen	State Zip Code TX 78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	125.00				
	Name of Employer self-employed	Occupation private investor	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00					
s	UBTOTAL of Receipts This Page (optional)		375.00				
Т	OTAL This Period (last page this line number of	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) Ricardo Barrera Mailing Address 420 Frio	Ricardo Barrera						
City mission							
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) Ricardo Barrera Mailing Address 420 Frio	Date of Receipt 02 22 2013						
City mission	State Zip Code TX 78572	02 22 2013 Transaction ID : SA11AI.20747 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) Ricardo Barrera		Date of Receipt					
Mailing Address 420 Frio	Charles	03 18 2013					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21081 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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	he name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio	Ricardo Barrera					
City mission	04 12 2013 Transaction ID : SA11AI.21402 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio	Date of Receipt 05 10 2013					
City mission	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21718 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 ▼ 1250.00					
Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt				
Mailing Address 420 Frio	Chate 7" C	06 21 2013				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22038 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution				
SUBTOTAL of Receipts This Page (optional)		750.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Dr. 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 O1 10 2013 Transaction ID: SA11Al.20447 Amount of Each Receipt this Period 400.00 contribution			
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal	Date of Receipt 02 22 2013				
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20773 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			
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City	State Zip Code	Date of Receipt 03 18 2013			
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Amount of Each Receipt this Period 400.00 contribution			
SUBTOTAL of Receipts This Page (optional).	_	1200.00			
TOTAL This Period (last page this line number	er only)				

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) 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	Date of Receipt 04 12 2013 Transaction ID : SA11Al.21403 Amount of Each Receipt this Period 400.00 contribution				
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1600.00					
Full Name (Last, First, Middle Initial) 3. Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.21719 Amount of Each Receipt this Period 400.00 contribution				
Primary General Other (specify) ▼	2000.00					
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal 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. Name of Employer self-employed Receipt For:	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 400.00 contribution				
Primary General Other (specify) ▼	2400.00					
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 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. Yuri Bermudez Mailing Address P.O.Box 1125		Date of Receipt		
City Pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	05 10 2013 Transaction ID : SA11AI.21720 Amount of Each Receipt this Period 50.00		
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution		
Full Name (Last, First, Middle Initial) Dr. Yuri Bermudez Mailing Address P.O.Box 1125	Date of Receipt 06 21 2013			
City Pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.22040 Amount of Each Receipt this Period 50.00		
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution		
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D		
City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.20449 Amount of Each Receipt this Period 250.00 contribution		
SUBTOTAL of Receipts This Page (optional)		350.00		
TOTAL This Period (last page this line number	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) Juan Bernini Mailing Address 2804 Santa Ana	Juan Bernini						
City mission							
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 ▼ 500.00						
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana	Date of Receipt 03 18 2013						
City mission	State Zip Code TX 78574	Transaction ID : SA11Al.21084 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) Juan Bernini		Date of Receipt					
Mailing Address 2804 Santa Ana	000	04 12 2013					
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.21405 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 physician Aggregate Year-to-Date ▼ 1000.00	contribution					
SUBTOTAL of Receipts This Page (optional).		750.00					
TOTAL This Period (last page this line number	er only)						

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or for commercial purposes, other than using t	he 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) Juan Bernini Mailing Address 2804 Santa Ana	Juan Bernini						
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 ▼ 1250.00	Transaction ID : SA11AI.21721 Amount of Each Receipt this Period 250.00 contribution					
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22041 Amount of Each Receipt this Period 250.00 contribution					
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt O1 10 2013 Transaction ID: SA11AI.20450 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	er only)						

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane	Sarojini Bose						
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20749 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) Sarojini Bose Mailing Address 7007 N 1st Lane	State Zin Code	Date of Receipt 03 18 2013					
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21085 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 -					
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane	Olate T. C. :	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.21406 Amount of Each Receipt this Period 250.00 contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
SUBTOTAL of Receipts This Page (optional).	>	750.00					
TOTAL This Period (last page this line number	er only)						

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21722 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 ▼ 1250.00	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt 06 21 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.22042 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) ▼	1500.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		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	State Zip Code TX 78572	Transaction ID : SA11AI.20451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	·····	900.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court	Francisco Bracamontes						
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.20750 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					
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court City	State Zip Code	Date of Receipt 03 18 2013					
mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.21086 Amount of Each Receipt this Period 400.00 contribution					
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	Continuation					
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		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. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1600.00	Transaction ID : SA11AI.21407 Amount of Each Receipt this Period 400.00 contribution					
SUBTOTAL of Receipts This Page (optional)	>	1200.00					
TOTAL This Period (last page this line number	r 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) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt 05 10 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.21723 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 ▼ 2000.00	- contribution
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.22043 Amount of Each Receipt this Period 400.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court City	State Zip Code	Date of Receipt M
Mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572	Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	850.00
TOTAL This Period (last page this line number	only)	

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court		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. Name of Employer	State Zip Code TX 78572 C Occupation	Amount of Each Receipt this Period 50.00 contribution
	selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Erasto Canales Mailing Address 105 Bluebird		Date of Receipt 02 22 2013
	City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.20777 Amount of Each Receipt this Period 125.00 contribution
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
C.		State Zip Code TX 78504	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21089 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 375.00	125.00 contribution
S	SUBTOTAL of Receipts This Page (optional)	>	300.00
Т	OTAL This Period (last page this line number of	only)	

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Erasto Canales Mailing Address 105 Bluebird		Date of Receipt
	City	State Zip Code	04 12 2013 Transaction ID : SA11AI.21410
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 125.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Erasto Canales Mailing Address 105 Bluebird		Date of Receipt
	City McAllen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21726 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation	125.00 contribution
	Name of Employer self-employed Receipt For:	physician Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	625.00	
c.	Full Name (Last, First, Middle Initial) Dr. Erasto Canales		Date of Receipt
	Mailing Address 105 Bluebird City	State Zip Code	06 21 2013
	McAllen	TX 78504	Transaction ID : SA11AI.22046 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00 contribution
	Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	Contribution.
	Primary General Other (specify) ▼	750.00	
S	SUBTOTAL of Receipts This Page (optional)		375.00
Т	OTAL 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	PAC					
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales Mailing Address 408 Marigold		Date of Receipt M M				
City McAllen	State Zip Code TX 78501					
FEC ID number of contributing federal political committee. Name of Employer	Cocupation	50.00 conribution				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) 3. Dr. Ricardo Canales Mailing Address 408 Marigold		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.22047 Amount of Each Receipt this Period 50.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	conribution				
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
mcallen FEC ID number of contributing federal political committee.	TX 78502	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 ▼ 400.00	contribution				
SUBTOTAL of Receipts This Page (optional)	·····	500.00				
TOTAL This Period (last page this line number	only)					

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	the name and address of any political committee to	
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20751
mcallen	TX 78502	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673		M M / D D / Y Y Y Y Y
City	State Zip Code	03 18 2013 Transaction ID : \$A11A1 21092
mcallen	TX 78502	Transaction ID : SA11AI.21092 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Heceipt this Fellou
federal political committee.	C	400.00
		contribution
Name of Employer self-employed	Occupation	SSITINGTO
	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) C. Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21413
mcallen	TX 78502	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 ▼	1
Primary General Other (specify) ▼	1600.00	
SUBTOTAL of Receipts This Page (ontional)	1200.00
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or for commercial purposes, other than usin	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.21729 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 ▼ 2000.00	- contribution
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
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.22049 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2400.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General	TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 50.00 contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (options	250.00	850.00
TOTAL This Period (last page this line num	nber only)	

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\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah		Date of Receipt
	City Edinburg	State Zip Code TX 78539	06 21 2013 Transaction ID : SA11AI.22051
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
В.	Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood		Date of Receipt 05 10 2013
	City Pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.21732 Amount of Each Receipt this Period 50.00
	Name of Employer self-employee Receipt For: □ Primary □ General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
C.	Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City	State Zip Code	Date of Receipt M M M / D D D / Y D Y D Y D Y D Y D D D D D D
	Pharr FEC ID number of contributing federal political committee. Name of Employer	TX 78577 C Occupation	Amount of Each Receipt this Period 50.00 contribution
	self-employee Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)	>	150.00
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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso Mailing Address 217 E. Yellowhammer		Date of Receipt M				
City McAllen	State Zip Code TX 78504					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution				
Primary General Other (specify) ▼	Aggregate Tear-to-Date ▼					
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso Mailing Address 217 E. Yellowhammer	oseph Caporusso					
City McAllen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21418 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso		Date of Receipt				
Mailing Address 217 E. Yellowhammer		05 10 / 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.21734 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	. contribution				
SUBTOTAL of Receipts This Page (optional)	>	300.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso Mailing Address 217 E. Yellowhammer	Dr. Joseph Caporusso					
City	State Zip Code	06 21 2013 Transaction ID : SA11AI 22054				
McAllen	TX 78504	Transaction ID : SA11AI.22054 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼ 600.00	_				
Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt				
Mailing Address 1000 N. Taylor Road		01 10 _2013 _				
City	State Zip Code	Transaction ID : SA11AI.20463				
mcallen EEC ID number of contributing	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer self-employed	Occupation	contribution				
Receipt For:	physician	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt				
Mailing Address 1000 N. Taylor Road		02 222013				
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.20752				
FEC ID number of contributing federal political committee.	C 78301	Amount of Each Receipt this Period 400.00				
Name of Employer	Occupation	contribution				
self-employed	physician	_				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	800.00					
SUBTOTAL of Receipts This Page (optional))	900.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road	Carlos Cardenas Mailing Address 1000 N. Taylor Road					
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	Transaction ID : SA11AI.21098 Amount of Each Receipt this Period 400.00 contribution				
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road 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 ▼ 1600.00	Date of Receipt 04 12 2013 Transaction ID: SA11Al.21419 Amount of Each Receipt this Period 400.00 contribution				
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road 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 ▼ 2000.00	Date of Receipt 05 10 2013 Transaction ID: SA11AI.21735 Amount of Each Receipt this Period 400.00 contribution				
SUBTOTAL of Receipts This Page (optional)	>	1200.00				
TOTAL This Period (last page this line number	· only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road	Carlos Cardenas					
City mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.22055 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 ▼ 2400.00					
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway	Date of Receipt O1 102013					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.20464 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 ▼ 400.00					
Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt				
Mailing Address 1016 E. Griffin Parkway		02 22 / 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.20753 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 ▼ 800.00	- contribution				
SUBTOTAL of Receipts This Page (optional)		1200.00				
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway	Jose Carreras					
City	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21736 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution				
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City	Date of Receipt 05 10 2013 Transaction ID: SA11Al.21738					
Edinburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78539 C	Amount of Each Receipt this Period 50.00 contribution				
self-employed Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City	State Zip Code	Date of Receipt 06 21 2013 Transaction ID: SA11Al.22057				
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution				
SUBTOTAL of Receipts This Page (optional)		300.00				
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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) A. Augusto Castrillon Mailing Address 223 Rio Grande Drive	Augusto Castrillon					
City mission	State Zip Code TX 78572	01 10 2013 Transaction ID : SA11AI.20467 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 ▼ 250.00					
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive	Date of Receipt					
City mission	State Zip Code TX 78572	02 22 2013 Transaction ID : SA11AI.20754 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) Augusto Castrillon	·	Date of Receipt				
Mailing Address 223 Rio Grande Drive		03 18 2013				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21102 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 numbe	r only)					

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

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or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive	Augusto Castrillon Mailing Address 223 Rio Grande Drive					
City mission FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78572 C Occupation physician	Transaction ID : SA11AI.21422 Amount of Each Receipt this Period 250.00 contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive	Date of Receipt 05 10 2013					
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.21741 Amount of Each Receipt this Period 250.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	- contribution				
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City	State Zip Code	Date of Receipt 06 21 2013				
mission FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78572 C Occupation physician	Transaction ID : SA11AI.22059 Amount of Each Receipt this Period 250.00 contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00					
SUBTOTAL of Receipts This Page (optional)	>	750.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt 02 22 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.20755 Amount of Each Receipt this Period 125.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road	State 7in Code	Date of Receipt 03 18 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.21103 Amount of Each Receipt this Period 125.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 375.00	contribution
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan 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
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 125.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.21742 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation physician	125.00 - contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.22060 Amount of Each Receipt this Period 125.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	State Zip Code	Date of Receipt 02 22 2013 Transaction ID: SA11Al.20756
weslaco FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period
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)	>	375.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21104 Amount of Each Receipt this Period 125.00 contribution
R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21424 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 Other (specify)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 625.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	375.00
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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		
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) Full Name (Last, First, Middle Initial)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 06 21 2013 Transaction ID: SA11Al.22061 Amount of Each Receipt this Period 125.00 contribution
Mailing Address 1801 South 5th Street suite 7 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21106 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite 7 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt O4 12 2013 Transaction ID: SA11AI.21426 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	325.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	L PAC					
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite	Dr. Virah Cooper					
		05 10 2013				
City	State Zip Code TX 78503	Transaction ID : SA11AI.21745				
McAllen FEO. ID and the second	1/00/03	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employee	physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) Dr. Virah Cooper	·	Date of Receipt				
Mailing Address 1801 South 5th Street suite		M = M / D = D / Y = Y = Y				
City	State Zip Code	06 21 2013				
McAllen	TX 78503	Transaction ID : SA11AI.22063 Amount of Each Receipt this Period				
FEC ID number of contributing		T				
federal political committee.		100.00				
Name of Employer	Occupation	contribution				
self-employee	physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery		Date of Receipt				
Mailing Address 2301 Solera Drive		02 22 2013				
City	State Zip Code	Transaction ID : SA11AI.20789				
mission	TX 78572	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 Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional)	 	325.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive City mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21107 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 375.00	125.00 contribution
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission FEC ID number of contributing federal political committee. Name of Employer self-employee	TX 78572 C Occupation physician	Transaction ID: SA11AI.21427 Amount of Each Receipt this Period 125.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive City	State Zip Code	Date of Receipt M
mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 625.00	Transaction ID : SA11AI.21746 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	375.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive		Date of Receipt
City	State Zip Code	06 21 2013 Transaction ID : SA11Al.22064
mission	TX 78572	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 ▼ 750.00	
Full Name (Last, First, Middle Initial) 3. Dr. Oscar Cortez Mailing Address 4101 South Burns Drive		Date of Receipt
City McAllen	State Zip Code TX 78503	03 18 2013 Transaction ID : SA11AI.21108
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 ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez		Date of Receipt
Mailing Address 4101 South Burns Drive		04 12 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		325.00
TOTAL This Period (last page this line number	only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive		Date of Receipt
City McAllen	State Zip Code TX 78503	05 10 2013 Transaction ID : SA11AI.21747
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 ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.22065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		02
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20757 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
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)	>	400.00
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		
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen	State Zip Code TX 78504	Date of Receipt 03 18 2013 Transaction ID : SA11AI.21109 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 600.00	200.00 contribution
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 04 12 2013 Transaction ID : SA11AI.21429 Amount of Each Receipt this Period 200.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 05 10 2013 Transaction ID: SA11AI.21748 Amount of Each Receipt this Period 200.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	600.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	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. Diana Cortinas Mailing Address 1400 Northgate Lane	Date of Receipt 06 21 2013	
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.22066 Amount of Each Receipt this Period 200.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane	Ctoto 7:- O-1-	Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21749 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78504 C Occupation physician	Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt
City mcallen	State Zip Code TX 78504	O1 10 2013 Transaction ID : SA11Al.20476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt 02 22 2013
City mcallen	State Zip Code TX 78504	02 22 2013 Transaction ID : SA11AI.20791 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) Javier Cortinas		Date of Receipt
Mailing Address 1400 Northgate	000	03 18 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21111 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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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt
City mcallen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70304	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21750 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 ▼ 1250.00	
Full Name (Last, First, Middle Initial) Javier Cortinas		Date of Receipt
Mailing Address 1400 Northgate		06 21 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22068 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 physician Aggregate Year-to-Date ▼ 1500.00	contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird		Date of Receipt
		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21751
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) —	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Dr. Hildegardo Costa		Date of Receipt
Mailing Address 129 Bluebird		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22069
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1225 E Peking		02 22 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.20793
	70001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Contribution
selfemployed	private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	250.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt
City mcallen	State Zip Code TX 78501	03 18 2013 Transaction ID : SA11AI.21113 Amount of Each Pagaint this Pagind
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 ▼ 450.00	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.21433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) James Darling		Date of Receipt
Mailing Address 1225 E Peking	7.0	05 10 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional).		450.00
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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) James Darling Date of Receipt Mailing Address 1225 E Peking 21 2013 City State Zip Code Transaction ID: SA11AI.22071 TX 78501 mcallen Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Deanda Date of Receipt Mailing Address 2408 Dorado 01 10 2013 Zip Code City State Transaction ID: SA11AI.20479 TX 78574 mission 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) David Deanda		Date of Receipt
Mailing Address 2408 Dorado		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20794
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)			7	I	I	7	Ξ	6	50.0	0	
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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) David Deanda Mailing Address 2408 Dorado City mission FEC ID number of contributing	State Zip Code TX 78574	Date of Receipt 03 18 2013 Transaction ID : SA11AI.21114 Amount of Each Receipt this Period 250.00
federal political committee. 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) David Deanda Mailing Address 2408 Dorado City	State Zip Code	Date of Receipt 04 12 2013
mission FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78574 C Occupation private investor	Transaction ID : SA11AI.21434 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado City	State Zip Code	Date of Receipt M
mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78574 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Amount of Each Receipt this Period 250.00 contribution
	<u> </u>	750.00
TOTAL This Period (last page this line numb	er only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado		Date of Receipt
City mission	State Zip Code TX 78574	06 21 2013 Transaction ID : SA11AI.22072 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 ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza Mailing Address 708 South H Street		Date of Receipt
City McAllen	State Zip Code TX 78501	05 10 2013 Transaction ID : SA11AI.21754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza		Date of Receipt
Mailing Address 708 South H Street	Charles To Carlo	06 21 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.22073 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20481 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) 3. Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	7 Transaction ID : SA11AI.20796 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) Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor	Charles	03 18 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21116 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 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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	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.21436 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	7 Transaction ID : SA11AI.21755 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor	Chat	06 21 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.22074 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 physician Aggregate Year-to-Date ▼ 1500.00	contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than usin	ind Statements may not be sold or used by any perign the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20798
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		03 18 _2013 _
City	State Zip Code	Transaction ID : SA11AI.21118
Mcallen	Amount of Each Receipt this Period	
FEC ID number of contributing	TX 78504	
federal political committee.	C	150.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.	<u> </u>	Date of Receipt
Mailing Address 5128 N. 10th		04 122013
City	State Zip Code	Transaction ID : SA11AI.21438
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional	al)	450.00
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	Statements may not be sold or used by any personal parties and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC				
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5128 N. 10th		Date of Receipt			
City	State Zip Code	05 10 2013 Transaction ID : SA11AI.21757			
Mcallen	TX 78504	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 ▼ 750.00				
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5128 N. 10th	Date of Receipt				
City Mcallen	State Zip Code TX 78504	06 21 2013 Transaction ID : SA11Al.22076 Amount of Each Posciet this Period			
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00				
Full Name (Last, First, Middle Initial) Dr. Parul Desai		Date of Receipt			
Mailing Address 7004 North 1st		03 18 2013			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21119 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optional)		400.00			
TOTAL This Period (last page this line number	only)				

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt
City McAllen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21439 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 ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt 05 10 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21758 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt 06 21 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22077 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	. contribution
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Satish D. Desai Mailing Address 7004 North 1st City	State Zip Code	Date of Receipt 05 10 2013 Transaction ID: SA11AI.21759
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) This is a self-and of the contributing federal political committee.	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Satish D. Desai Mailing Address 7004 North 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22078 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt O1 10 2013 Transaction ID: SA11Al.20488 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	350.00
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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) A. Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt
City mission	State Zip Code TX 78572	02 22 2013 Transaction ID : SA11AI.20802 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) Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt 03 18 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City	State Zip Code	Date of Receipt O4 12 2013 Transaction ID: SA11Al.21442
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt
City mission FEC ID number of contributing	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21761 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 ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572 C Occupation	Transaction ID : SA11AI.22080 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer		Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.21763 Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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) Antonio Esparza Mailing Address 136 W. Yucca City	State Zip Code	Date of Receipt O1 10 2013
mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation physician	Transaction ID : SA11AI.20491 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	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 22 2013 Transaction ID : SA11AI.20805
mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	550.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt
City mcallent	State Zip Code TX 78504	03 18 2013 Transaction ID : SA11AI.21125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.21445 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt
Mailing Address 136 W. Yucca	Cinto	05 17 2013
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.21764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt
City mcallent FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.22083 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road City	State 7in Code	Date of Receipt 03 18 2013
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.21126 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 ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road		Date of Receipt 04 12 2013
City rio grande city FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.21446 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	r only)	

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

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road		Date of Receipt
City rio grande city	State Zip Code TX 78582	05 10 2013 Transaction ID : SA11AI.21765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road	Chota	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.22084 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	- contribution
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt 01 10 2013
City mcallen FEC ID number of contributing federal political committee	State Zip Code TX 78504	Transaction ID : SA11AI.20493 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)	·····	450.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen	State Zip Code TX 78504	Date of Receipt M				
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 250.00 contribution				
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt 03 18 2013 Transaction ID : SA11AI.21127 Amount of Each Receipt this Period 250.00 contribution				
self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 750.00					
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21447 Amount of Each Receipt this Period 250.00 contribution				
SUBTOTAL of Receipts This Page (optional)	>	750.00				
TOTAL This Period (last page this line number	r only)					

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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) Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.21766 Amount of Each Receipt this Period 250.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City	State Zip Code	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22085
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt O1 10 2013 Transaction ID: SA11AI.20494 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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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. Alexander Feigl Mailing Address 110 E. Savannah #101		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	02 22 2013 Transaction ID : SA11AI.20808 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101	State Zin Codo	Date of Receipt 03 18 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.21128 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
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101	State 7:0 Code	Date of Receipt 04 12 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78503 C Occupation	Transaction ID : SA11AI.21448 Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1000.00	
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 F	PAC					
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101		Date of Receipt				
City	State Zip Code	05 10 2013 Transaction ID : SA11Al.21767				
McAllen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) 3. Dr. Alexander Feigl Mailing Address 110 F. Savannah #101		Date of Receipt				
Mailing Address 110 E. Savannah #101 City	State Zip Code	06 21 2013 Transaction ID : SA11Al.22086				
McAllen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt				
Mailing Address 2309 W. Greenbriar Square		03 18 2013				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21129 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional)	>	600.00				
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar Square		Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	O4 12 2013 Transaction ID : SA11AI.21449 Amount of Each Receipt this Period 100.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar Square		Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21768 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenbriar Square City	State Zip Code	Date of Receipt 06 21 2013 Transaction ID: SA11Al.22087
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 100.00 contribution
self-employed Receipt For: Primary Other (specify)	occupation physician Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
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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) Marco Flores Mailing Address 320 Primrose		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	O1 10 2013 Transaction ID : SA11AI.20496 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
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City	State Zip Code	Date of Receipt 02 22 2013 Transaction ID: SA11AL 20810
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78504 C Occupation	Transaction ID : SA11AI.20810 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose		Date of Receipt 03 18 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Transaction ID : SA11AI.21130 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	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) Marco Flores Mailing Address 320 Primrose		Date of Receipt
City	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21450 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose		Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21769 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose	State Zin Code	Date of Receipt 06 21 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.22088 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 ▼ 1500.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.			
BORDER HEALTH FEDERA	AL PAC				
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin		Date of Receipt			
Mailing Address 3212 Nightingale Court		05 10 / 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.21772			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General		1			
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin		Date of Receipt			
Mailing Address 3212 Nightingale Court		M = M / D = D / Y = Y = Y			
City	State 7in Onda	06 21 2013			
City	State Zip Code	Transaction ID : SA11AI.22091			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	300.00	1			
Full Name (Last, First, Middle Initial)		Data of Receipt			
Eugenio Galindo Mailing Address 5036 N. Combbio		Date of Receipt			
Mailing Address 5936 N. Cynthia		01 10 _2013 _			
City	State Zip Code	Transaction ID : SA11AI.20500			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General		1			
Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (optional	1)	500.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt				
City	State Zip Code	02 22 2013				
mcallen	TX 78504	Transaction ID : SA11AI.20814 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) Eugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt				
City mcallen	State Zip Code TX 78504	03 18 2013 Transaction ID : SA11AI.21134 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) Eugenio Galindo		Date of Receipt				
Mailing Address 5936 N. Cynthia		04 12 / 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.21454 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00					
SUBTOTAL of Receipts This Page (optional)		1200.00				
TOTAL This Period (last page this line number	only)					

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	tatements may not be sold or used by any person name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC					
Full Name (Last, First, Middle Initial) Lugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt				
City	State Zip Code	05 10 2013				
mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21773 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution				
Primary General Other (specify) ▼	2000.00					
Full Name (Last, First, Middle Initial) 3. Eugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt				
Mailing Address 5936 N. Cynthia City	State Zip Code	06 21 2013 Transaction ID : SA11Al.22092				
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00					
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt				
Mailing Address 2800 Santa Teresa		01 10 / 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.20501 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 ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)		1050.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt M
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	250.00 - contribution
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa	State 7in Code	Date of Receipt 03 18 2013
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	Transaction ID : SA11AI.21135 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
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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) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		05 10 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.21774
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-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		06 21 2013 _
City	State Zip Code	Transaction ID : SA11AI.22093
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
	Occupation	contribution
Name of Employer self-employed	Occupation	
	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2712 E Mile 5 Road		M = M / D = D / Y = Y = Y
Other	7. 2.	01 10 2013
City	State Zip Code TX 78574	Transaction ID : SA11AI.20502
Mission	100/4	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
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt
City Mission	State Zip Code TX 78574	02 22 2013 Transaction ID : SA11AI.20816 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) Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt 03 18 2013
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.21136 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt O4 12 2013
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.21456 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	Occupation physician Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	<u></u>	750.00
TOTAL This Period (last page this line number	er only)	7 7 7

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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 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. Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt
City Mission	State Zip Code TX 78574	05 10 2013 Transaction ID : SA11AI.21775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) 3. Hiram Garcia Mailing Address 2712 E Mile 5 Road City	State Zip Code	Date of Receipt 06 21 2013
Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78574 C Occupation physician	Transaction ID : SA11AI.22094 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo City	State Zip Code	Date of Receipt 01 10 2013 Transaction ID: SA11Al.20504
Mission FEC ID number of contributing federal political committee.	TX 78572	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)		900.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personal name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
City	State Zip Code	02 22 2013 Transaction ID : SA11AI.20818
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) 3. Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
City Mission	State Zip Code TX 78572	03 18 2013 Transaction ID : SA11AI.21138
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		04 12 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.21458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional)	····	1200.00
TOTAL This Period (last page this line number	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) Dr. Oscar Garcia Date of Receipt Mailing Address 1717 Palazzo 2013 10 City State Zip Code Transaction ID: SA11AI.21777 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 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Oscar Garcia Date of Receipt Mailing Address 1717 Palazzo 06 21 2013 City State Zip Code Transaction ID: SA11AI.22096 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 2400.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Ricardo Garcia Date of Receipt Mailing Address 6108 North 5th Street 03 18 2013 Zip Code City State Transaction ID: SA11AI.21140 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional).....

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street		Date of Receipt 04 12 2013
City McAllen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21460 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street		Date of Receipt
City McAllen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.22012 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia		Date of Receipt
Mailing Address 6108 North 5th Street		06 21 / 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.22098 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 450.00	. contribution
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	03 18 2013 Transaction ID : SA11AI.21141 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 ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Samuel Garcia Mailing Address 137 E. Guardenia		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 78501	Transaction ID : SA11AI.21461 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation	100.00 contribution
Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	05 10 2013 Transaction ID : SA11AI.21779 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 Other (specify) Other	physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line numbe	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) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	06 21 2013 Transaction ID : SA11AI.22099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240		Date of Receipt O1 10 _2013 _
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20508 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) Dr. Carlos Garcia-Cantu		Date of Receipt
Mailing Address 4121 N. 10th #240	000	02 22 2013
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20822 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)		600.00
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen	State Zip Code TX 78504	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21142 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 750.00	250.00 contribution
Full Name (Last, First, Middle Initial) 3. Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen	State Zip Code TX 78504	Date of Receipt 04 12 2013 Transaction ID : SA11AI.21462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1000.00	250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen	State Zip Code TX 78504	Date of Receipt 05 10 2013 Transaction ID : SA11Al.21780 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other	Occupation physician Aggregate Year-to-Date ▼ 1250.00	250.00 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) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt 01 10 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11Al.20511 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 ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. James Garza		Date of Receipt
Mailing Address 2821 Lakeshore Drive		02 22 / 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.20825 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 ▼ 800.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	1050.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	03 18 2013 Transaction ID : SA11AI.21145 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 ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.21465 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) ▼	1600.00	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt 05 10 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	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	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. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	06 21 2013 Transaction ID : SA11AI.22103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Martin Garza Mailing Address P.O. Box 180		Date of Receipt 05 10 2013
City Linn FEC ID number of contributing	State Zip Code TX 78563	Transaction ID : SA11AI.21784 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Martin Garza Mailing Address P.O. Box 180		Date of Receipt 06 21 2013
City Linn	State Zip Code TX 78563	Transaction ID : SA11AI.22104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	500.00
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) Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20513
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	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20827
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	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		03 18 2013
City	State Zip Code	Transaction ID : SA11AI.21147
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	private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1200.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
City	State Zip Code	04 12 2013 Transaction ID : SA11Al.21467
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	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
, 1001000 5404 N. 1St Street		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21785
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	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) C. Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		06 21 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2400.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt
City Palmhurst	State Zip Code TX 78539	02 22 2013 Transaction ID : SA11Al.20828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For:	Occupation self-employee physician	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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	03 18 2013 Transaction ID : SA11AI.21148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvardo North		04 12 / Y = Y = Y = Y = Y
City Palmhurst	State Zip Code TX 78539	Transaction ID : SA11AI.21468 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		375.00
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt O5 10 2013
City Palmhurst	State Zip Code TX 78539	Transaction ID : SA11AI.21786 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation self-employee physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt 06 21 2013
City Palmhurst	State Zip Code TX 78539	Transaction ID : SA11AI.22106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez		Date of Receipt
Mailing Address 1400 W. Gardenia		03 18 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.21149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution
SUBTOTAL of Receipts This Page (optional)		350.00
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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 the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt
	City McAllen	State Zip Code TX 78501	04 12 2013 Transaction ID : SA11AI.21469 Amount of Each Reseipt this Region
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
В.	Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.21787 Amount of Each Receipt this Period 100.00 contribution
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	Amount of Each Receipt this Period 100.00 contribution
	self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 600.00	
S	SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
Т	OTAL This Period (last page this line number of	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) Lawrence Gelman Mailing Address 3900 Sundown Drive	Lawrence Gelman					
City mcallen	State Zip Code TX 78503	01 10 2013 Transaction ID : SA11AI.20516				
FEC ID number of contributing federal political committee.	C 78503	Amount of Each Receipt this Period 400.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive		Date of Receipt				
City mcallen	State Zip Code TX 78503	02 22 2013 Transaction ID : SA11AI.20830 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) Lawrence Gelman		Date of Receipt				
Mailing Address 3900 Sundown Drive		03 18 2013				
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.21150 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	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) Lawrence Gelman Mailing Address 3900 Sundown Drive		Date of Receipt O4 12 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.21470 Amount of Each Receipt this Period 400.00 contribution
Other (specify) Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive	State Zin Code	Date of Receipt 05 10 2013
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 ▼ 2000.00	Transaction ID : SA11AI.21788 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive 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 ▼ 2400.00	Date of Receipt M M M / 21 2013 Transaction ID : SA11Al.22108 Amount of Each Receipt this Period 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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or for commercial purposes, other than usin	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) Dr. Sathiyaraj George Mailing Address 2607 Solera		Date of Receipt
City	State Zip Code	01 10 2013 Transaction ID : SA11AI.20517
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-employed Receipt For:	physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Sathiyaraj George		Date of Receipt
Mailing Address 2607 Solera		02 22 _2013 _
City	State Zip Code	Transaction ID : SA11AI.20831
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-employed Receipt For:	physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George	·	Date of Receipt
Mailing Address 2607 Solera		M = M / D = D / Y = Y = Y
City	State Zip Code	03 18 2013 Transaction ID : SA11Al.21151
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-employed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (options	al) >	750.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George Mailing Address 2607 Solera		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.21471 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George Mailing Address 2607 Solera		Date of Receipt
City Mission	State Zip Code TX 78572	75 10 2013 Transaction ID : SA11AI.21789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George		Date of Receipt
Mailing Address 2607 Solera		06 21 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22109 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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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. Richard Gillett Mailing Address 54 South 10th	Charte Tr. Co. :	Date of Receipt 03 18 2013
McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For:	Occupation physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt
City McAllen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett		Date of Receipt
Mailing Address 54 South 10th	Chata Ti C :	05 10 / 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.21791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		300.00
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	PAC	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th		Date of Receipt 06 21 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Transaction ID : SA11AI.22111 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21154 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 12 2013 Transaction ID: SA11Al.21474 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
TOTAL This Period (last page this line number	r only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Alvaro Giraldo Mailing Address 106 W. Flamingo		Date of Receipt
City mcallen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21792
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) Alvaro Giraldo Mailing Address 106 W. Flamingo		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:	Occupation physician	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez		Date of Receipt
Mailing Address 2401 SE Augusta Square	04-14	05 10 / Y = Y = Y = Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21793 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	- contribution
SUBTOTAL of Receipts This Page (optional)	•	250.00
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) Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary 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 18 2013 Transaction ID: SA11AI.21156 Amount of Each Receipt this Period 200.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	450.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) 3. Dr. Juan Pablo Gomez Mailing Address 113 Canary City	State Zip Code	Date of Receipt M
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 200.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.22114 Amount of Each Receipt this Period 200.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt
City alamo	State Zip Code TX 78516	03 18 2013 Transaction ID : SA11AI.21161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Ada Gonzalez	225.00	Date of Receipt
Mailing Address P.O. Box 9817 City	State Zip Code	04 12 2013 Transaction ID : SA11Al.21481
alamo FEC ID number of contributing federal political committee.	TX 78516	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt 05 10 2013
City alamo	State Zip Code TX 78516	Transaction ID : SA11AI.21799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	225.00
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) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	06 21 2013 Transaction ID : SA11Al.22119 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt
City mission	State Zip Code TX 78574	05 10 2013 Transaction ID : SA11AI.21801 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez		Date of Receipt
Mailing Address 2305 Monaco Drive	Chata	06 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.22121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution
SUBTOTAL of Receipts This Page (optional)		175.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez		Date of Receipt
Mailing Address 2210 Monaco Drive		05 10 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.21802
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to-Date ₹	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez		Date of Receipt
Mailing Address 2210 Monaco Drive		06 21 2013 _
City	State Zip Code	Transaction ID : SA11AI.22122
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
	Occupation	contribution
Name of Employer self-employed	Occupation	
	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3511 Plazas del Lago		Mam / Dab / Yayayay
oo iii lazao adi zago		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20531
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	al)	350.00
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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) Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt O2 22 2013
City	State Zip Code TX 78539	Transaction ID : SA11AI.20845 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	private investor Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Mailing Address 3511 Plazas del Lago		Date of Receipt 03 18 2013
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21165 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Jaime Gonzalez		Date of Receipt
Mailing Address 3511 Plazas del Lago City	State Zip Code	04 12 2013
edinburg	TX 78539	Transaction ID : SA11AI.21485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1000.00	- 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	PAC	
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt
City edinburg	State Zip Code TX 78539	05 10 2013 Transaction ID : SA11AI.21803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Contribution
Full Name (Last, First, Middle Initial) 3. Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.22123 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 ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City	State Zip Code	Date of Receipt O1 10 2013 Transaction ID: SA11Al.20532
weslaco FEC ID number of contributing federal political committee.	TX 78596	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 ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numbe	r only)	

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

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt
City weslaco	State Zip Code TX 78596	Transaction ID : SA11Al.20846
FEC ID number of contributing federal political committee.	C 78596	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 ▼ 500.00	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt
City weslaco	State Zip Code TX 78596	03 18 2013 Transaction ID : SA11Al.21166 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) Juan Gonzalez-Dickson		Date of Receipt
Mailing Address 1501 Meadwood	Christian Transfer	04 12 2013
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21486 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 ▼ 1000.00	- 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) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt 05 10 2013
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 ▼ 1250.00	Transaction ID : SA11AI.21804 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood 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 ▼ 1500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 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 ▼ 250.00	Date of Receipt 10 2013 Transaction ID: SA11AI.20533 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City mission	State Zip Code TX 78574	02 22 2013 Transaction ID : SA11Al.20847
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	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt 03 18 _2013 _
City mission	State Zip Code TX 78574	03 18 2013 Transaction ID : SA11AI.21167 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) Verley Gordon		Date of Receipt
Mailing Address 1700 E. Mile 3 Road		04 12 / 2013
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.21487 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 ▼ 1000.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City	State Zip Code	05 10 2013 Transaction ID : SA11AI.21805
mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt 06 212013
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.22125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.20534 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
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive	02 22 2013	
City	State Zip Code	Transaction ID : SA11AI.20848
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 Address and Inspiratin Drive	03 18 _2013 _	
City	State Zip Code	Transaction ID : SA11AI.21168
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) Enrique Griego		Date of Receipt
Mailing Address 905 Inspiratin Drive		04 12 / 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.21488
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	Aggregate Year-to-Date ▼	
Other (specify) ▼	1600.00	
SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name (Last, First, Middle Initial) Enrique Griego	Date of Receipt					
Mailing Address 905 Inspiratin Drive	05 10 2013					
City	State Zip Code	Transaction ID : SA11AI.21806				
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:	1, ,	_				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	2000.00					
Full Name (Last, First, Middle Initial) 3. Enrique Griego		Date of Receipt				
Mailing Address 905 Inspiratin Drive		06 21 _2013 _				
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22126				
pharr	TX 78577	Transaction ID : SA11AI.22126 Amount of Each Receipt this Period				
·		Amount of Lacif neceipt 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) ▼	2400.00					
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo		Date of Receipt				
Mailing Address 2603 Santa Laura		M = M / D = D / Y = Y = Y				
City	State Zip Code	05 10 2013 Transaction ID : SA11AI.21807				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00 contribution				
Name of Employer	ne of Employer Occupation					
self-employee	eipt For: Aggregate Year-to-Date ▼					
Receipt For:						
Primary General						
Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional	al)	850.00				
TOTAL This Period (last page this line nun	nber only)					

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.22127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt 02 22 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.20850 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 ▼ 500.00	
Full Name (Last, First, Middle Initial) Daniel Guerra	·	Date of Receipt
Mailing Address 101 S. Broadway		03 18 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21170 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 ▼ 900.00	- contribution
SUBTOTAL of Receipts This Page (optional).		850.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt
City	State Zip Code TX 78501	04 12 2013 Transaction ID : SA11AI.21490
Mcallen FEC ID number of contributing federal political committee.	C 78501	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt 05 10 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.21808 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 ▼ 1700.00	
Full Name (Last, First, Middle Initial) Daniel Guerra		Date of Receipt
Mailing Address 101 S. Broadway		06 21 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22128 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 ▼ 2100.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt
City edinburg	State Zip Code TX 78541	01 10 2013 Transaction ID : SA11AI.20538 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 ▼ 250.00	
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt O2 22 2013
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.20852 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt 03 18 2013
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.21172 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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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt
City edinburg	State Zip Code TX 78541	04 12 2013 Transaction ID : SA11AI.21492 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt 05 10 2013
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.21810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive	0::::	06 21 / Y = Y = Y = Y = Y
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.22130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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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	State Zip Code TX 78539	01 10 2013 Transaction ID : SA11AI.20540 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 ▼ 250.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin	Chata	Date of Receipt O2 22 2013
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.20855 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt 03 18 2013
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21174 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		

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
Mailing Address 6020 Wisconsin		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21494
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to-Date ¥	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez	·	Date of Receipt
Mailing Address 6020 Wisconsin		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21813
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6020 Wisconsin		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22132
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this refloor
federal political committee.	C	250.00 contribution
Name of Employer	Occupation	Contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (options	al)	750.00
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TOTAL This Period (last page this line nur	nber only)	

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

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	O1 10 2013 Transaction ID : SA11AI.20541 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) Marco Gutierrez Mailing Address 511 N. Depot Road	State 7in Code	Date of Receipt 02 / 22 / 2013
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.20856 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		Date of Receipt 03 18 2013
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.21175 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). TOTAL This Period (last page this line number)	<u> </u>	1200.00
TOTAL This Period (last page this line number	ei ∪iiiy)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.21495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.21814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) . Marco Gutierrez		Date of Receipt
Mailing Address 511 N. Depot Road		06 21 / Y = Y = Y = Y
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.22133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
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	State Zip Code TX 78501	O1 10 2013 Transaction ID : SA11AI.20542 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 ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Miguel Gutierrez Mailing Address 224 Lindberg		Date of Receipt
City mcallen	State Zip Code TX 78501	7
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) Miguel Gutierrez		Date of Receipt
Mailing Address 224 Lindberg	0	03 18 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21176 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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	the name and address of any political committee to	
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	State Zip Code TX 78501	Transaction ID : SA11AI.21496 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg		Date of Receipt
City mcallen	State Zip Code TX 78501	05 10 2013 Transaction ID : SA11AI.21815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Miguel Gutierrez		Date of Receipt
Mailing Address 224 Lindberg	0000	06 21 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22134 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	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. Edwardo Guzman Mailing Address 2308 Highway 83 suite f		Date of Receipt			
City Penitas	State Zip Code TX 78573	05 10 2013 Transaction ID : SA11AI.21816 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer self-employee	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f		Date of Receipt 06 21 2013			
City Penitas	State Zip Code TX 78573	Transaction ID : SA11AI.22135 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer self-employee	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) C. Victor Haddad		Date of Receipt			
Mailing Address 4008 Burns Drive South		01 10 / Y=Y=Y=Y			
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.20544 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			
SUBTOTAL of Receipts This Page (optional)		500.00			
TOTAL This Period (last page this line number	r 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) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt
City mcallen	State Zip Code TX 78503	02 22 2013 Transaction ID : SA11AI.20859 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 ▼ 800.00	SSALIBURION
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt 03 18 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code 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
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee.	TX 78503	Transaction ID : SA11AI.21498 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	contribution
SUBTOTAL of Receipts This Page (optional)	·····	1200.00
TOTAL This Period (last page this line number	only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt
City mcallen	State Zip Code TX 78503	05 10 2013 Transaction ID : SA11AI.21817 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 ▼ 2000.00	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.22136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
Mailing Address 701 South J		03 18 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.21180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 225.00	- contribution
SUBTOTAL of Receipts This Page (optional)		875.00
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						
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J	Thomas Hausle					
City McAllen	State Zip Code TX 78501	04 12 2013 Transaction ID : SA11AI.21499 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	Cocupation	75.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J		Date of Receipt 05 10 2013				
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.21818 Amount of Each Receipt this Period 75.00				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 375.00	contribution				
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City	State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 75.00				
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)	>	225.00				
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	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Temperature		Date of Receipt
Mailing Address 820 Tamarack		05 10 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.21819
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		06 21 _2013 _
City	State Zip Code	Transaction ID : SA11Al.22138
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez	'	Date of Receipt
Mailing Address 2000 Dana		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20549
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line numb	ber 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) Ambrosio Hernandez Mailing Address 2000 Dana	Ambrosio Hernandez					
	Chata 7' C '	02 22 2013				
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.20864				
		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) ▼	500.00					
Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt				
Mailing Address 2000 Dana		03 18 2013				
City	State Zip Code	Transaction ID : SA11AI.21185				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00					
Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez		Date of Receipt				
Mailing Address 2000 Dana		04 12 2013				
City	State Zip Code	Transaction ID : SA11AI.21503				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (optional)	>	750.00				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21822
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
City	State 7'm Code	06 21 2013
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.22141
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20551
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	
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	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) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 02 22 2013 Transaction ID: SA11Al.20866 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) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 ▼ 1000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		750.00
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 05 10 2013 Transaction ID : SA11Al.21824 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
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 ▼	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22143 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 M 01
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	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) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
City pharr	State Zip Code TX 78577	02 22 2013 Transaction ID : SA11AI.20867 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	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt 03 18 2013
City pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.21188 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address, 202 Inspiration Road		Date of Receipt
Mailing Address 802 Inspiration Road City pharr	State Zip Code TX 78577	04 12 2013 Transaction ID : SA11Al.21506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1000.00	
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) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt		
City	State Zip Code TX 78577	05 10 2013 Transaction ID : SA11AI.21825 Amount of Each Propriet this Period		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00			
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt		
City pharr	State Zip Code TX 78577	O6 21 2013 Transaction ID : SA11AI.22144 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Veer to Date			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia		Date of Receipt		
Mailing Address 5600 North Cynthia		05 10 / Y = Y = Y = Y		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21827 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		550.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia		Date of Receipt		
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22145		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt		
City mission	State Zip Code TX 78572	01 10 2013 Transaction ID : SA11AI.20553 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) Vincent Honrubia		Date of Receipt		
Mailing Address 204 Rio Grande		02 22 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.20869 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 ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)		550.00		
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	03 18 2013 Transaction ID : SA11AI.21190 Amount of Each Receipt this Period
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 ▼ 750.00	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		05 10 / Y = Y = Y = Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	_ 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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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) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	06 21 2013 Transaction ID : SA11AI.22146 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 ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st		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.21191 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
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City	State Zip Code	Date of Receipt 04 12 2013 Transaction ID : SA11AL 31500
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	450.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st		Date of Receipt 05 10 2013		
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Transaction ID : SA11AI.21829 Amount of Each Receipt this Period 100.00 contribution		
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22147 Amount of Each Receipt this Period 100.00 contribution		
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt O1 10 2013 Transaction ID : SA11AI.20555 Amount of Each Receipt this Period 400.00 contribution		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	600.00		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using	nd Statements may not be sold or used by any pel 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) Dr. Norma Iglesias Mailing Address 743 C. Care		Date of Receipt
Mailing Address 712 S. Cage		02 22 7 2013
City	State Zip Code	Transaction ID : SA11AI.20871
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:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) 3. Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		03 18 2013
City	State Zip Code	Transaction ID : SA11AI.21192
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21510
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1600.00	
SUBTOTAL of Receipts This Page (optional	1)	1200.00
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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	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	AL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21830
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:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		M = M / D = D / Y = Y = Y
City	State Zip Code	06 21 2013
Pharr	TX 78577	Transaction ID : SA11AI.22148 Amount of Each Receipt this Period
		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 Other (specify) ▼	2400.00	
Full Name (Last, First, Middle Initial) C. Dr. Jose E. Igoa	•	Date of Receipt
Mailing Address 3716 S 'J' Street		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21511
McAllen	TX 78503	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 ▼	7
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	1)	925.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Jose E. Igoa Mailing Address 3716 S 'J' Street		Date of Receipt
City	State Zip Code	05 10 2013 Transaction ID : SA11Al.21831
McAllen	TX 78503	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: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jose E. Igoa		Date of Receipt
Mailing Address 3716 S 'J' Street		M M / D D / Y Y Y Y
City	State Zip Code	06
McAllen	TX 78503	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores		Date of Receipt
Mailing Address 4212 Lebanon		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21833
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	300.00
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TOTAL This Period (last page this line num	ber only)	

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for each category of the 12 Detailed Summary Page 13 14 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	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. Danielle Jinenez-Flores Mailing Address 4212 Lebanon City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78539 C Occupation physician	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Belinda Jordan Mailing Address 2621 Trenton 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 ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan Mailing Address 2621 Trenton 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 ▼ 300.00	Date of Receipt M M / 21 2013 Transaction ID: SA11AI.22152 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	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 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) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt
City mcAllen	State Zip Code TX 78504	01 10 2013 Transaction ID : SA11AI.20560 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contributon
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt 02 22 2013
City mcAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20876 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 City	State Zip Code	Date of Receipt 03 18 2013 Transaction ID: SA11Al.21197
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	contributon
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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt
City mcAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.21516 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physician	250.00 - contributon
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt 05 10 2013
City mcAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21836 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contributon
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1250.00	
Nelson Kalaf Mailing Address 5401 N. 8th 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	State Zip Code TX 78504	Transaction ID : SA11AI.22154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contributon
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	_
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	<u> </u>	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		
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
City rio grande city	State Zip Code TX 78582	01 10 2013 Transaction ID : SA11AI.20561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Coccupation	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) Gauri Kanhere Mailing Address 2548 Palm Circle	Choto 77-0	Date of Receipt 02 22 2013
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.20877 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt 03 18 2013
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11Al.21198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- COTH IDULION
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) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
City rio grande city	State Zip Code TX 78582	04 12 2013 Transaction ID : SA11AI.21517 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 ▼ 1000.00	- contribution
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.21837 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Cauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt 06 21 2013
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.22155 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street		Date of Receipt
City	State Zip Code	02 22 2013 Transaction ID : SA11AI.20878
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For: Primary General Other (coecify)	Aggregate Year-to-Date ▼ 400.00	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Adolfo Kaplan		Date of Receipt
Mailing Address 7902 N. 2th Street		03 18 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.21199
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan		Date of Receipt
Mailing Address 7902 N. 2th Street		04 122013
City	State Zip Code	04 12 2013 Transaction ID : SA11AI.21518
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) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		600.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street	Ctoto 7: 0 1	Date of Receipt 05 10 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11Al.21838 Amount of Each Receipt this Period 200.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street	Ctoto 7'- 0 '	Date of Receipt 06 21 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.22156 Amount of Each Receipt this Period 200.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	- contribution
Full Name (Last, First, Middle Initial) Mr. Kambiz Khademi Mailing Address P.O.Box 3422 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 240.00	Transaction ID : SA11AI.22157 Amount of Each Receipt this Period 40.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	440.00
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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78539 C Occupation physician	Date of Receipt M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) State Name (Last, First, Middle Initial)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 21 2013 Transaction ID: SA11Al.22158 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops 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 ▼ 250.00	Date of Receipt O1 10 2013 Transaction ID : SA11AI.20565 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	350.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt
City	State Zip Code	02 22 2013 Transaction ID : SA11AI.20881
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	O	03 18 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21202
_		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		04 12 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	: 1	75 OF		385	
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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) Gholam Kiani Mailing Address 213 e. Xenops	Gholam Kiani					
City mcallen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11Al.21841 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt				
City	State Zip Code TX 78504	Transaction ID : SA11AI.22159 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00 contribution				
Name of Employer selfemployed Receipt For:	Occupation physician	- Containadion				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Mr. John Kiker		Date of Receipt				
Mailing Address 416 N. 17th Street	Ctata 7' C	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.21842 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	_ contribution				
SUBTOTAL of Receipts This Page (optional)		550.00				
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	PAC						
Full Name (Last, First, Middle Initial) Mr. John Kiker Mailing Address 416 N. 17th Street		Date of Receipt					
City Donna	State Zip Code TX 78537	06 21 2013 Transaction ID : SA11AI.22160 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution					
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City	Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street						
mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20883 Amount of Each Receipt this Period 150.00					
Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution					
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street	1	Date of Receipt 03 18 2013					
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21204 Amount of Each Receipt this Period 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)	<u> </u>	350.00					
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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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21523 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 ▼ 600.00	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street		Date of Receipt
City mcallen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21843 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 ▼ 750.00	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz		Date of Receipt
Mailing Address 5111 N. 10th Street		06 21 / 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.22161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 900.00	- contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	r only)	

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

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K	Jorge Kutugata					
City weslaco	State Zip Code TX 78596	O1 10 2013 Transaction ID : SA11Al.20568 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) Jorge Kutugata Mailing Address Rt 2 Box 522-K		Date of Receipt 02 22 2013				
City weslaco	State Zip Code TX 78596	72 22 2013 Transaction ID : SA11Al.20884 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) Jorge Kutugata		Date of Receipt				
Mailing Address Rt 2 Box 522-K	6: :	03 / 18 2013				
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21205 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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	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) Jorge Kutugata Mailing Address Rt 2 Box 522-K	Date of Receipt				
City	State Zip Code	04 12 2013 Transaction ID : SA11AI.21524			
weslaco	TX 78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address PA & Ray 520 K		Date of Receipt			
Mailing Address Rt 2 Box 522-K		05 10 <u>Y = Y = Y = Y</u>			
City	State Zip Code	Transaction ID : SA11AI.21844			
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 ▼ 1250.00				
Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt			
Mailing Address Rt 2 Box 522-K		06 21 2013			
City	State Zip Code	Transaction ID : SA11AI.22162			
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) ▼	1500.00				
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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	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. Hossein Lahiji Mailing Address 801 E. Nolana #20	Date of Receipt	
City McAllen	State Zip Code TX 78504	01 10 2013 Transaction ID : SA11AI.20731 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) Dr. Hossein Lahiji Mailing Address 801 E. Nolana #20		Date of Receipt 02 22 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.20885 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) Dr. Hossein Lahiji		Date of Receipt
Mailing Address 801 E. Nolana #20		03 18 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21206 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 numbe	r only)	

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

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	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial) Dr. Hossein Lahiji Mailing Address 801 E. Nolana #20	Date of Receipt			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21525 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00			
Full Name (Last, First, Middle Initial) 3. Dr. Hossein Lahiji Mailing Address 801 E. Nolana #20		Date of Receipt 05 10 2013		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.21845 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00 contribution		
Name of Employer selfemployed	Occupation physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial) Dr. Hossein Lahiji		Date of Receipt		
Mailing Address 801 E. Nolana #20		06 21 / Y = Y = Y = Y		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22163 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		1200.00		
TOTAL This Period (last page this line number	er only)			

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip		Date of Receipt		
City mcallen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21846 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00 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) Ramiro Leal Mailing Address 601 Tulip		Date of Receipt 06 21 2013		
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.22164 Amount of Each Receipt this Period 50.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution		
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street	State Zin Code	Date of Receipt 03 18 2013		
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	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 ▼ 300.00	contribution		
SUBTOTAL of Receipts This Page (optional)	•	200.00		
TOTAL This Period (last page this line numbe	r only)			

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	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. Raul Ledesma Mailing Address 5508 N. 1st Street	Date of Receipt	
City McAllen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician	- COMMINICATION
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street		Date of Receipt
City McAllen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma		Date of Receipt
Mailing Address 5508 N. 1st Street		06 21 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22165 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	. contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
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 persone name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Dr. Rodrigo Lema Mailing Address 124 Canary		Date of Receipt		
City	State Zip Code	05 10 2013 Transaction ID : SA11AI.21848		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer	Occupation	- contribution		
self-employed	physician]		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) 3. Dr. Rodrigo Lema		Date of Receipt		
Mailing Address 124 Canary		M = M / D = D / Y = Y = Y		
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22166		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer	Occupation	- contribution		
self-employed	physician]		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) C. Dale Linebarger		Date of Receipt		
Mailing Address 901 West 9th Street #405		01 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City austin	State Zip Code TX 78703	Transaction ID : SA11AI.20575		
	10103	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	Contribution		
self-employed	1 7			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	400.00			
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	500.00		
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) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 800.00	Date of Receipt 02 22 2013 Transaction ID: SA11AI.20892 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 18 2013 Transaction ID : SA11AI.21213 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 1600.00	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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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee.	State Zip Code TX 78703	Date of Receipt M M
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	- contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 2400.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22170 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 18 2013 Transaction ID : SA11Al.21214 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	900.00
TOTAL This Period (last page this line number	r only)	7

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	Statements may not be sold or used by any personal parties and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer		Date of Receipt
City	State Zip Code	04 12 2013 Transaction ID : SA11AI.21533
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	400.00	Date of Descipt
Mailing Address 105 E. Yellowhammer		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan		Date of Receipt
Mailing Address 105 E. Yellowhammer		06 21 2013
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22171 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	

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Mailing Address 716 South Excalibur Street City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Edinburg TX 78539 Full Name (Last, First, Middle Initial) Mailing Address 716 South Excalibur Street City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation private investor Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Affredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	pate of Receipt M
Mailing Address 716 South Excalibur Street City State Zip Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼ Cocupation Private investor Full Name (Last, First, Middle Initial) Mailing Address 716 South Excalibur Street City State Zip Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer State Tip Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Frimary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	05 10 2013 Transaction ID: SA11AI.21855 mount of Each Receipt this Period 50.00 ntribution
City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼	Transaction ID : SA11AI.21855 mount of Each Receipt this Period 50.00 ntribution
Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼	mount of Each Receipt this Period 50.00 ntribution
FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 716 South Excalibur Street City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer Self-employee Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle	50.00 ntribution
Name of Employer Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Description Comparison Comparison	ntribution
self-employee Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 716 South Excalibur Street City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code TY 70504	
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Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Ms Lisa Longoria Mailing Address 716 South Excalibur Street City State Zip Code TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	ate of Receipt
Mailing Address 716 South Excalibur Street City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code TY 70504	ate of Receipt
Mailing Address 716 South Excalibur Street City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	ato of Hoodipt
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	06 21 2013
FEC ID number of contributing federal political committee. Name of Employer self-employee private investor Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	Transaction ID : SA11AI.22173
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self-employee Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	50.00
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Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	
Alfredo Lopez Mailing Address 7609 N. 24th Circle City State Zip Code	
Mailing Address 7609 N. 24th Circle City State Zip Code	ate of Receipt
TV 70504	03 18 2013
	Transaction ID : SA11AI.21218 mount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer Occupation	
selfemployed physician	ntribution
Receipt For: Aggregate Year-to-Date ▼	ntribution
Primary General Other (specify) ▼ 300.00	entribution
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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. Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21537 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
Full Name (Last, First, Middle Initial) 3. Alfredo Lopez Mailing Address 7609 N. 24th Circle	Stato 7:- C-d-	Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21857 Amount of Each Receipt this Period 100.00
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) Alfredo Lopez Mailing Address 7609 N. 24th Circle City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504	Amount of Each Receipt this Period 100.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 600.00	
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	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 FEDER	AL PAC	
Full Name (Last, First, Middle Initial) A. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Ea		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20584
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 ▼	7
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Ea	ast	M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City	State Zip Code	02 22 2013 Transaction ID : SA11Al.20903
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing	. 0000	sart of Edon Hoodipt tills I Gliou
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Ea	ast	03 18 2013
City	State Zip Code	Transaction ID : SA11AI.21222
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 (option	nal)	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court East		Date of Receipt
	State 7in Code	04 12 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.21541 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	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Salil Mangi	1000.00	Date of Receint
Mailing Address 3801 Sundown Court East		Date of Receipt 05 10 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.21861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78303	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court East		06 21 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.22179 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1500.00	
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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim Date of Receipt Mailing Address 3817 Sundown Ct 2013 01 10 City State Zip Code Transaction ID: SA11AI.20585 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. Dr. Roberto M. Mangoo-Karim Date of Receipt Mailing Address 3817 Sundown Ct 02 22 2013 City State Zip Code Transaction ID: SA11AI.20904 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 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Roberto M. Mangoo-Karim Date of Receipt Mailing Address 3817 Sundown Ct 03 18 2013 Zip Code City State Transaction ID: SA11AI.21223 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 ▼

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC				
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim		Date of Receipt			
Mailing Address 3817 Sundown Ct		04 12 2013			
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21542			
	78303	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) 3. Dr. Roberto M. Mangoo-Karim	'	Date of Receipt			
Mailing Address 3817 Sundown Ct		M = M / D = D / Y = Y = Y			
City	State Zip Code	05 10 2013			
McAllen	TX 78503	Transaction ID : SA11Al.21862 Amount of Each Receipt this Period			
FEC ID number of contributing	. 5555	Amount of Each neceipt this Fellou			
federal political committee.	C	250.00			
Name of Employer	, ,				
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1250.00				
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim	 	Date of Receipt			
Mailing Address 3817 Sundown Ct		06 21 2013			
City	State Zip Code	Transaction ID : SA11AI.22180			
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) ▼	1500.00				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt O1 10 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20586 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) 3. Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	7
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 ▼ 800.00	
Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
Mailing Address 116 Cardinal	0	03 18 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	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
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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 Manrique Mailing Address 116 Cardinal		Date of Receipt O4 12 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For:	occupation physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Tear-to-Date V	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11Al.21863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
Mailing Address 116 Cardinal	Charles	06 21 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	- Contribution
SUBTOTAL of Receipts This Page (optional).		1200.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Agustin Martinez		Date of Receipt
Mailing Address 7603 N. 2nd Lane		01 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.20587
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane	·	Date of Receipt
		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20906
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
Mailing Address 7603 N. 2nd Lane		03 18 2013
City	State Zip Code	Transaction ID : SA11AI.21225
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: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1200.00	
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or fo	or commerci	al purpo	ses. c	other	than u	ısina th	e name ai	nd ad	dress	s of a	anv i	oolitica	al co	mmit	tee to s	solicit	t cor	ntribution	s from suc	h committe	ee.

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Agustin Martinez Date of Receipt Mailing Address 7603 N. 2nd Lane 04 2013 City State Zip Code Transaction ID: SA11AI.21544 78504 TX 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 1600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Agustin Martinez Date of Receipt Mailing Address 7603 N. 2nd Lane 05 2013 10 City State Zip Code Transaction ID: SA11AI.21865 TX 78504 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 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Agustin Martinez Date of Receipt Mailing Address 7603 N. 2nd Lane 2013 06 21 City State Zip Code Transaction ID: SA11AI.22182 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt
City edinburg	State Zip Code TX 78539	01 10 2013 Transaction ID : SA11AI.20588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt 02 22 2013
City edinburg	State Zip Code TX 78539	7
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) Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith	0	03 18 2013
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21545 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.21866 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt
City edinburg	State Zip Code TX 78539	06 21 2013 Transaction ID : SA11AI.22183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1500.00	750.00
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or for commercial purposes, other than using to 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. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	300.00

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	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. Robert Martinez Mailing Address 2809 Santa Lydia	Robert Martinez			
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.22184 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer self-employee	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca		Date of Receipt O1 102013		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20590 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 ▼ 250.00			
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt		
Mailing Address 125 East Yucca	Chata	02 22 2013		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.20909 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 ▼ 500.00	_ contribution		
SUBTOTAL of Receipts This Page (optional)		600.00		
TOTAL This Period (last page this line number	r only)			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca		Date of Receipt		
City	State Zip Code	03 18 2013 Transaction ID : SA11AI.21228		
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) Santos Martinez Mailing Address 125 East Yucca		Date of Receipt		
Mailing Address 125 East Yucca City mcallen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21547 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer self-employed	Occupation private investor	COTHEDUTION		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt		
Mailing Address 125 East Yucca		05 10 2013		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21868 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 ▼ 1250.00			
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 OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		to solicit contributions from such confinittee.
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca 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 ▼ 1500.00	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive 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 ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22186 Amount of Each Receipt this Period 50.00 contributon
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	350.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo		Date of Receipt
City Mission	State Zip Code TX 78572	03 18 2013 Transaction ID : SA11AI.21230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo		Date of Receipt 04 12 2013
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.21549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata		Date of Receipt
Mailing Address 1705 Palazzo	014	05 10 / Y = Y = Y = Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.21870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line numb	per only)	

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Any information copied from such Reports and Statements ma	ay not be sold or used by any pe	ersor	n for	the pur	pose c	of sc	liciting	cor	ntributio	ns
or for commercial purposes, other than using the name and a	ddress of any political committee	to :	solic	it contrib	outions	fror	n such	CO	mmittee	э.

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78572 C	Date of Receipt 06 21 2013 Transaction ID : SA11Al.22187 Amount of Each Receipt this Period 100.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Javier Media Mailing Address 3601 Oakwood Lane City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 05 10 2013 Transaction ID: SA11AI.21873 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Javier Media Mailing Address 3601 Oakwood Lane City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22190 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional).	•	200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78501 C	Date of Receipt O1 10 2013 Transaction ID: SA11Al.20596 Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street		Date of Receipt 02 22 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.20914 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) Bertha Medina Mailing Address 1300 1 1/2 Street	State 7:- C-d-	Date of Receipt 03 18 2013
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 ▼ 1200.00	Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	r only)	

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

or for commercial purposes, other than using 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) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78501 C	Date of Receipt 04 12 2013 Transaction ID: SA11Al.21553 Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 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 78501	Transaction ID : SA11AI.21874 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	- contribution -
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 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. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2400.00	Transaction ID : SA11Al.22191 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	ag the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Camen Martha Medina Mailing Address 509 E. Yucca City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt Date of Receipt
Full Name (Last, First, Middle Initial) B. Ms Camen Martha Medina Mailing Address 509 E. Yucca	7.0.4	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.22192 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Dr. Carlos Mego		Date of Receipt
Mailing Address 602 McColl Circle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.20598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	_ contribution
self-employed	physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
	al)	500.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Carlos Mego		Date of Receipt
Mailing Address 602 McColl Circle		02 22 2013
City	State Zip Code	Transaction ID : SA11AI.20916
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Mego		Date of Receipt
Mailing Address 602 McColl Circle		03 18 _2013 _
City	State Zip Code	Transaction ID : SA11AI.21236
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Mego		Date of Receipt
Mailing Address 602 McColl Circle		04 12 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.21555
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	_ contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1600.00	
SUBTOTAL of Receipts This Page (optional)	1200.00
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) Dr. Carlos Mego	Dr. Carlos Mego				
Mailing Address 602 McColl Circle		05 10 / 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.21876			
McAllen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General	00 0				
Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial) Dr. Carlos Mego		Date of Receipt			
Mailing Address 602 McColl Circle		M = M / D = D / Y = Y = Y			
City	State Zip Code	06			
City McAllen					
McAllen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	2400.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address 7120 Ware Road		03 18 2013			
City	State Zip Code	Transaction ID : SA11AI.21237			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	90.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼	╡			
Primary General	. Aggrogato roai to Date ▼				
Other (specify) ▼	270.00				
SUBTOTAL of Receipts This Page (optional)	890.00			
TOTAL This Period (last page this line numl	ber only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri Mailing Address 7120 Ware Road	Date of Receipt			
City	State Zip Code	04 12 2013 Transaction ID : SA11AI.21556		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	90.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00			
Full Name (Last, First, Middle Initial) 3. Dr. Imtiaz Mehkri Mailing Address 7120 Ware Road		Date of Receipt		
City	State Zip Code	05 10 2013 Transaction ID : SA11Al.21877		
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 90.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri		Date of Receipt		
Mailing Address 7120 Ware Road		06 21 2013		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22194 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	90.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00			
SUBTOTAL of Receipts This Page (optional)	•	270.00		
TOTAL This Period (last page this line number	only)	7 7		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana	Manuel Mercado			
City	State Zip Code	01 10 2013 Transaction ID : \$A11 A1 20603		
mission	TX 78572	Transaction ID : SA11AI.20603 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) Manuel Mercado		Date of Receipt		
Mailing Address 3002 Santa Susana City	State Zip Code	02 22 2013 Transaction ID : SA11Al.20920		
mission FEC ID number of contributing federal political committee.	TX 78572	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			
Full Name (Last, First, Middle Initial) C. Manuel Mercado	1	Date of Receipt		
Mailing Address 3002 Santa Susana		03 18 _ 2013 _		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21240 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed Receipt For:	physician	4		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			
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) Manuel Mercado Mailing Address 3002 Santa Susana	Manuel Mercado			
	State 7in Cod-	04 12 2013 Transaction ID - SA44A 24550		
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.21559 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address ages 2 and		Date of Receipt		
Mailing Address 3002 Santa Susana City mission	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11Al.21880 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00			
Full Name (Last, First, Middle Initial) C. Manuel Mercado		Date of Receipt		
Mailing Address 3002 Santa Susana		06 21 2013		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22197 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician	_		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			
SUBTOTAL of Receipts This Page (optional)	>	750.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC				
Full Name (Last, First, Middle Initial) Scott Meyer	Date of Receipt				
Mailing Address 2100 School Lane	06 21 / Y = Y = Y = Y				
City	State Zip Code	Transaction ID : SA11AI.22198			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General					
Other (specify) ▼	210.00				
Full Name (Last, First, Middle Initial) 3. Dr. Emil Milano	· · · · · · · · · · · · · · · · · · ·				
Mailing Address 225 E. Cornell	Mailing Address 225 E. Cornell				
City	State Zip Code	03 18 2013 Transaction ID : SA11Al.21243			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.	C	100.00			
Name of Employer	contribution				
selfemployed	Occupation private investor				
Receipt For:	private investor	\dashv			
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) Dr. Emil Milano	·	Date of Receipt			
Mailing Address 225 E. Cornell	04 12 2013				
City	State Zip Code	Transaction ID : SA11AI.21562			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Name of Employer Occupation				
selfemployed	1.				
Receipt For:	· Aggregate rear-to-bate ▼				
Primary General	400.00				
Other (specify)	400.00				
SUBTOTAL of Receipts This Page (option	nal)	235.00			
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or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer	Date of Receipt 05 10 2013 Transaction ID: SA11Al.21883 Amount of Each Receipt this Period 100.00 contribution				
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Emil Milano Mailing Address 225 E. Cornell City	State Zip Code	Date of Receipt 06 21 2013 Transaction ID: SA11Al.22200			
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 100.00 contribution			
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 600.00	_			
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo City Edinburg	State Zip Code TX 78539	Date of Receipt M			
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 300.00	Amount of Each Receipt this Period 100.00 contribution			
SUBTOTAL of Receipts This Page (optional)	>	300.00			
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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) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21563 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo		Date of Receipt Date of Receipt 10 2013				
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22011 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.	·	Date of Receipt				
Mailing Address 2821 Michael Angelo	Mailing Address 2821 Michael Angelo					
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22201 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	. contribution				
SUBTOTAL of Receipts This Page (optional)	>	300.00				
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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. Samira T. Mohamed Mailing Address 324 Heron		Date of Receipt 05 10 2013
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 ▼	Transaction ID : SA11AI.21884 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samira T. Mohamed Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt M
self-employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)	<u> </u>	200.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 12 2013 Transaction ID : SA11AI.21565 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	>	300.00

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	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. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen	State Zip Code TX 78504	Date of Receipt O1 10 2013 Transaction ID : SA11AI.20610 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 400.00	400.00 contribution				
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 02 22 2013 Transaction ID : SA11AI.20927 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 ▼ 800.00	contribution				
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03				
SUBTOTAL of Receipts This Page (optional)	>	1200.00				
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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) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen	State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1600.00	400.00 contribution			
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt Mod 21 2013 Transaction ID: SA11AI.22204 Amount of Each Receipt this Period 400.00 contribution			
SUBTOTAL of Receipts This Page (optional)	>	1200.00			
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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) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt O1 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.20611 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. Carlos Morales Mailing Address 3325 Kent Lane City	State Zip Code	Date of Receipt 02 22 2013
mcallen FEC ID number of contributing federal political committee.	TX 78503	Transaction ID : SA11AI.20928 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) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Transaction ID : SA11AI.21248 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	_	1200.00
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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) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt 04 12 2013
City mcallen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.21567 Amount of Each Receipt this Period 400.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78503 C Occupation	Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt 06 21 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.22205 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.20613 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) Leonel Moreno Mailing Address 1608 Woods Drive	State Zin Codo	Date of Receipt 02 22 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.20930 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) Leonel Moreno Mailing Address 1608 Woods Drive City	State Zip Code	Date of Receipt 03 18 2013
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78572 C Occupation physician	Transaction ID : SA11AI.21250 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt
City mission	State Zip Code TX 78572	04 12 2013 Transaction ID : SA11AI.21569 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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt 05 10 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive	0::	06 21 / 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.22207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution
SUBTOTAL of Receipts This Page (optional).		750.00
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City	State Zip Code	Date of Receipt M
Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane 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 ▼ 300.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22208 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo Mailing Address 3301 N. Cynthia Lane 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 ▼ 300.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)		200.00
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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) A. Dr. Jesse Naranjo		Date of Receipt
Mailing Address 3301 N. Cynthia Lane		04 19 2013
City	State Zip Code	Transaction ID : SA11AI.21571
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 ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jesse Naranjo Mailing Address, 2204 N. Cyrethia Lance		Date of Receipt
Mailing Address 3301 N. Cynthia Lane		05 10 _2013 _
City	State Zip Code	Transaction ID : SA11AI.21891
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 ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jesse Naranjo		Date of Receipt
Mailing Address 3301 N. Cynthia Lane		06 21 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.22209
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
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	g the name and address of any political committee	
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan		Date of Receipt
Mailing Address 111 NE Augusta Square		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21573
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to-bate ¥	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan	•	Date of Receipt
Mailing Address 111 NE Augusta Square		05 10 2013 _
City	State Zip Code	Transaction ID : SA11AI.21893
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		Tandari di Eddi Hodopi dila 1 dila
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan	I .	Date of Pagaint
Mailing Address 111 NE Augusta Square		Date of Receipt
		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22211
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	000.00	
Other (specify) ▼	600.00	
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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. Alfonso Ochoa Mailing Address 1901 W. 18th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21255 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street		Date of Receipt 04 12 2013
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21574 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa		Date of Receipt
Mailing Address 1901 W. 18th Street	Chr.).	05 10 / Y = Y = Y = Y
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.21894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa		Date of Receipt		
Mailing Address 1901 W. 18th Street		06 21 2013		
City				
Weslaco	TX 78596	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	- contribution		
self-employed	physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street		Date of Receipt		
	03 18 2013			
City	State Zip Code	Transaction ID : SA11AI.21256		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa		Date of Receipt		
Mailing Address 2421 N. 'J' Street		04 12 2013		
City	State Zip Code	Transaction ID : SA11AI.21576		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	_ contribution		
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	400.00			
SUBTOTAL of Receipts This Page (optional)	300.00		
TOTAL This Period (last page this line num	ber 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) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street	Mr. Ricardo Ochoa					
City McAllen	State Zip Code TX 78501	05 10 2013 Transaction ID : SA11Al.21896				
FEC ID number of contributing federal political committee.	C 78501	Amount of Each Receipt this Period				
Name of Employer self-employed	Occupation private investor	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street		Date of Receipt				
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.22214 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed	Occupation private investor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt				
Mailing Address 2604 Santa Teresa		03 18 2013				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.21257 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation doctor 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 th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa	Dr. Victor Ogunlana					
City Mission	State Zip Code TX 78572	04 12 2013 Transaction ID : SA11AI.21577 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation doctor Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa	Ctoto 77 O	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.21897 Amount of Each Receipt this Period 100.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation doctor Aggregate Year-to-Date ▼ 500.00	contribution				
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City	State Zip Code	Date of Receipt M = M				
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation doctor Aggregate Year-to-Date ▼ 600.00	contribution				
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	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. Noel Olveira Mailing Address 9917 Bentsen Road	Dr. Noel Olveira					
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.21258 Amount of Each Receipt this Period 100.00 contribution				
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road	Choto 7'- 0 '	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.21578 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 ▼ 400.00					
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road	Charles 7' Co. I	Date of Receipt 05 10 2013				
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.21898 Amount of Each Receipt this Period 100.00 contribution				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using 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. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt			
City McAllen	State Zip Code TX 78504	06 21 2013 Transaction ID : SA11AI.22216 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00 contribution			
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive	04-44-	Date of Receipt 03 18 2013			
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.21259 Amount of Each Receipt this Period 100.00			
rederal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution			
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive		Date of Receipt			
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	04 12 2013 Transaction ID : SA11AI.21579 Amount of Each Receipt this Period			
federal political committee. Name of Employer	Occupation	100.00 contribution			
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 400.00				
SUBTOTAL of Receipts This Page (optional)	>	300.00			
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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. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive		Date of Receipt 05 10 2013
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.21899 Amount of Each Receipt this Period 100.00
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) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive	Stata Zin Codo	Date of Receipt 06 21 2013
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.22217 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 600.00	- contribution
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia City	State Zip Code	Date of Receipt 05 10 2013
McAllen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.21900 Amount of Each Receipt this Period 50.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22218 Amount of Each Receipt this Period 50.00			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution			
Full Name (Last, First, Middle Initial) Juan Ortiz Mailing Address 4501 N. Cynthia 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	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 50.00 contribution			
Other (specify) ▼ Full Name (Last, First, Middle Initial) Juan Ortiz	250.00	Date of Receipt			
Mailing Address 4501 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Transaction ID : SA11AI.22220 Amount of Each Receipt this Period 50.00 contribution			
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00			
TOTAL This Period (last page this line number	er only)				

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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip		Date of Receipt			
City	State Zip Code	01 10 2013 Transaction ID : SA11AI.20627			
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 ▼ 250.00				
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip		Date of Receipt			
		02 22 2013			
City	State Zip Code	Transaction ID : SA11AI.20942			
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) Armando Osio		Date of Receipt			
Mailing Address 600 Tulip		03 18 2013			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21263 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	er only)				

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip		Date of Receipt			
City mcallen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21583 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00 contribution			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City	Date of Receipt 05 10 2013				
mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21903 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 ▼ 1250.00	CONTRIBUTION			
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	. contribution			
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	er only)				

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	ne name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive		Date of Receipt			
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.21904			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00			
Name of Employer self-employee	Occupation private investor	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive		Date of Receipt			
City Mission	State Zip Code TX 78572	06 21 2013 Transaction ID : SA11AI.22222 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer self-employee	Occupation private investor	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt			
Mailing Address 121 E. Quamasia #148 City	State Zip Code	01 10 2013			
mcallen	TX 78501	Transaction ID : SA11AI.20629 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 ▼ 250.00	_ contribution			
SUBTOTAL of Receipts This Page (optional)	>	350.00			
TOTAL This Period (last page this line number	r only)				

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

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148	7. 2	02 22 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.20944 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 ▼ 500.00	
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City	State Zip Code	Date of Receipt 03 18 2013
mcallen	TX 78501	Transaction ID : SA11AI.21265 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
Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		04 12 / 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21585 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		05 10 / Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21905 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148	State 7in Codo	Date of Receipt 06 21 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) C. Kip Owen		Date of Receipt
Mailing Address 2305 Red River		03 18 2013
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.21266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee t	
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) . Kip Owen		Date of Receipt
Mailing Address 2305 Red River		04 12 2013
City	State Zip Code	Transaction ID : SA11AI.21586
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) B. Kip Owen		Date of Receipt
Mailing Address 2305 Red River		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21906
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . Kip Owen		Date of Receipt
Mailing Address 2305 Red River		06 21 2013 _
City	State Zip Code	Transaction ID : SA11AI.22224
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional) >	300.00
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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) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669		Date of Receipt
City Edinburg	State Zip Code TX 78540	Transaction ID : SA11AI.21907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
selfemployed Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669	200.00	Date of Receipt
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78540	Transaction ID : SA11AI.22225 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 250.00	-
SUBTOTAL of Receipts This Page (optional)	>	350.00
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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) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
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) Prakash Palimar Mailing Address 121 Canary City	State Zip Code	Date of Receipt 03 18 2013
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation	Transaction ID : SA11AI.21268 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City	State Zip Code	Date of Receipt 04 12 2013 Transaction ID : SA11AI.21588
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen	State Zip Code TX 78504	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1250.00	250.00 contribution
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 03 18 2013 Transaction ID: SA11Al.21269 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using 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) Umesh Pathak Mailing Address 2004 Alexander Drive		Date of Receipt
City	State Zip Code TX 78596	04 12 2013 Transaction ID : SA11AI.21589 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 ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Umesh Pathak Mailing Address 2004 Alexander Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.21909 Amount of Each Receipt this Period 100.00
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) Umesh Pathak Mailing Address 2004 Alexander Drive 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
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
TOTAL This Period (last page this line number	r only)	

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or		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
	Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M
	Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
s	UBTOTAL of Receipts This Page (optional)	<u></u>	300.00
T	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa		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. Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.20634 Amount of Each Receipt this Period 250.00 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 ▼ 500.00	Date of Receipt O2 22 2013 Transaction ID : SA11Al.20949 Amount of Each Receipt this Period 250.00 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 Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21271 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than u	using the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa		Date of Receipt
City Edinburg	State Zip Code TX 78539	04 12 2013 Transaction ID : SA11AI.21591
FEC ID number of contributing federal political committee.	C 70000	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 ▼ 1000.00	contribution
Full Name (Last, First, Middle Initial) B. Dr. Guillermo Pechero Mailing Address 2312 La Condesa	·	Date of Receipt M = M
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11Al.21911 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City	State Zip Code	Date of Receipt M
Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539 C Occupation	Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1500.00	_
SUBTOTAL of Receipts This Page (opti	ional)	750.00
TOTAL This Period (last page this line	number only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959		Date of Receipt
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.20950 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer Self-employed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959		Date of Receipt 03 18 2013
City McAllen	State Zip Code TX 78502	Transaction ID : SA11Al.21272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Self-employed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959	0	04 12 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.21592 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation physcian Aggregate Year-to-Date ▼ 600.00	contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)	ing the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDER	RAL PAC	
Full Name (Last, First, Middle Initial) Leduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959		05 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.21912
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	7.93.83% 1041 to Date \$	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21913
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	· ·	
Receipt For:	doctor	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena	l	Date of Pagaint
Mailing Address 3716 Tigris		Date of Receipt
Maining Address 3/16 HIGHS		06 21 _2013 _
City	State Zip Code	Transaction ID : SA11AI.22231
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	nal)	250.00
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TOTAL This Period (last page this line nu	umber 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) Jose Pena Mailing Address 100 Bluebird		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	O1 10 2013 Transaction ID : SA11AI.20637 Amount of Each Receipt this Period
federal political committee. 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) 3. Jose Pena Mailing Address 100 Bluebird		Date of Receipt 02 22 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20952 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	03 18 2013 Transaction ID : SA11AI.21274 Amount of Each Receipt this Period 400.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	<u> </u>	1200.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird	Date of Receipt						
City	City State Zip Code						
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00						
Full Name (Last, First, Middle Initial) 3. Jose Pena Mailing Address 400 Physicial		Date of Receipt					
Mailing Address 100 Bluebird	05 10 / 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.21914					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00						
Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt					
Mailing Address 100 Bluebird		06 21 2013					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22232 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	2400.00						
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 th	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL					
Full Name (Last, First, Middle Initial) Juan 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.20638 Amount of Each Receipt this Period			
federal political committee. Name of Employer	Occupation private investor	400.00 contribution			
self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court	Date of Receipt O2 22 2013				
City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.20953 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				
Mailing Address 905 S. Huisache Court	04-14-	Date of Receipt 03 18 2013			
City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.21275 Amount of Each Receipt this Period 400.00			
Name of Employer self-employed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	1200.00				
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) Juan Pena Mailing Address 905 S. Huisache Court	Date of Receipt				
City pharr	State Zip Code TX 78577	04 12 2013 Transaction ID : SA11AI.21595 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 ▼ 1600.00				
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court	Date of Receipt 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 federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.21915 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) Juan Pena	2000.00	Date of Receipt			
Mailing Address 905 S. Huisache Court		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
pharr	State Zip Code TX 78577	Transaction ID : SA11AI.22233 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00 contribution			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2400.00				
SUBTOTAL of Receipts This Page (optional)	<u>·</u> _	1200.00			
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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) A. Dr. Raul Pena Mailing Address 3500 San Clemente	Date of Receipt					
City	State Zip Code					
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Raul Pena Mailing Address 2500 Sep Clamate		Date of Receipt				
Mailing Address 3500 San Clemente	03 18 2013					
City	State Zip Code	Transaction ID : SA11AI.21276				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00					
Full Name (Last, First, Middle Initial) Dr. Raul Pena		Date of Receipt				
Mailing Address 3500 San Clemente		04 12 2013				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.21596 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
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 (optional)		375.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Dr. Raul Pena Mailing Address 3500 San Clemente	Date of Receipt				
City Mission	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21916 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00 contribution			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 625.00	- Contribution			
Full Name (Last, First, Middle Initial) 3. Dr. Raul Pena Mailing Address 3500 San Clemente	Date of Receipt 06 21 2013				
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.22234 Amount of Each Receipt this Period 125.00 contribution			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- Contribution			
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria City	State Zip Code	Date of Receipt 02 22 2013			
McAllen FEC ID number of contributing federal political committee.	TX 78503	Transaction ID : SA11AI.21045 Amount of Each Receipt this Period 200.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 400.00	contribution			
SUBTOTAL of Receipts This Page (optional)	>	450.00			
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) Dr. Florencia Perez Mailing Address 4600 Victoria	Date of Receipt				
City McAllen	State Zip Code TX 78503	03 18 2013 Transaction ID : SA11Al.21278 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	200.00			
Name of Employer selfemployed	Occupation private investor	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) 3. Dr. Florencia Perez Mailing Address 4600 Victoria		Date of Receipt			
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21691 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer selfemployed	Occupation private investor	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00				
Full Name (Last, First, Middle Initial) Dr. Florencia Perez		Date of Receipt			
Mailing Address 4600 Victoria	Chate 7: 0 !	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21918 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1000.00	. contribution			
SUBTOTAL of Receipts This Page (optional)	>	600.00			
TOTAL This Period (last page this line number	r only)				

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or for commercial purposes, other than using	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) 1. Dr. Florencia Perez		Date of Receipt
Mailing Address 4600 Victoria		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22236
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	- contribution
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Francisco Perez Mailing Address 4726 S. Jackson		Date of Receipt
Mailing Address 4726 S. Jackson		05 10 _2013 _
City	State Zip Code	Transaction ID : SA11AI.21919
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson		06 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78539	Transaction ID : SA11AI.22237
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
	Occupation	contribution
Name of Employer	Occupation physician	
self-employee Receipt For:		-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	l)	300.00
TOTAL This Period (last page this line num	·	

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young Mailing Address 109 N. Nueces Park Land	9	Date of Receipt
		05 10 2013
City Harlingen	State Zip Code TX 78552	Transaction ID : SA11AI.21920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
Receipt For:	physician Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Irene Perez-Young		Date of Receipt
Mailing Address 109 N. Nueces Park Lane	e	06 21 _2013 _
City	State Zip Code	Transaction ID : SA11AI.22238
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
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) Claudia Pierson	-	Date of Receipt
Mailing Address 6912 N. Peking		01 102013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.20644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (options	al)	500.00
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IUIAL This Period (last page this line nun	mber only)	49

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

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt		
City mcallen	State Zip Code TX 78501	02 22 2013 Transaction ID : SA11AI.20957 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) 3. Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt		
City mcallen	State Zip Code TX 78501	03 18 2013 Transaction ID : SA11Al.21281 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 ▼ 1200.00			
Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt		
Mailing Address 6912 N. Peking	00.4	04 12 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.21600 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 ▼ 1600.00	_ 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 NAME OF COMMITTEE (In Full)	the name and address of any political committee t	
BORDER HEALTH FEDERA	L PAC	1
Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21921
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) 6. Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22239
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20647
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 ▼ 250.00	
)	1050.00
TOTAL This Period (last page this line num	<u> </u>	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		02 22 2013 .
City	State Zip Code	Transaction ID : SA11AI.20960
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:	Aggregate Year-to-Date ▼	7
Primary General	, iggiogato Total to Dato ₹	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		M = M / D = D / Y = Y = Y
City	State Zip Code	03 18 2013 Transaction ID : \$A11 A1 21294
mcallen	TX 78504	Transaction ID : SA11AI.21284
	/ 0004	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) ▼	750.00	
Full Name (Last, First, Middle Initial)		
Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird	01.11	04 12 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21603
	10004	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) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
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TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) A. Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		05 10 / 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.21924
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:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		06 21 _2013 _
City	State Zip Code	7 Transaction ID : SA11Al.22242
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		sart of Edon Hoodipt tills I cillud
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Maria Quinteros	'	Date of Receipt
Mailing Address 702 South 1st Lane		05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21926
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	nal)	550.00
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TOTAL This Period (last page this line nur	mber only)	

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

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Maria Quinteros Mailing Address 702 South 1st Lane City McAllen FEC ID number of contributing	State Zip Code TX 78501	Date of Receipt M
federal political committee. 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. Ernesto Ramirez Mailing Address P.O.Box 720298	State 7in Code	Date of Receipt 03 18 2013
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee	State Zip Code TX 78502 C Occupation physician	Transaction ID : SA11AI.21287 Amount of Each Receipt this Period 100.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298 City	State Zip Code	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21606
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	r only)	

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

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or		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298 City	State Zip Code	Date of Receipt 05 10 2013 Transaction ID: SA11Al.21927
	McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 100.00 contribution
В.	Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298 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 78502 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M
c.	Full Name (Last, First, Middle Initial) Dr. Samuel Ramirez Mailing Address 5201 N. 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M
S	SUBTOTAL of Receipts This Page (optional)	>	240.00
Т	OTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.			
BORDER HEALTH FEDER	AL PAC				
Full Name (Last, First, Middle Initial) Sergio Ramirez					
Mailing Address 1608 Woods Drive	01 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.20652			
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	Aggregate real to-bate V				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Sergio Ramirez	•	Date of Receipt			
Mailing Address 1608 Woods Drive		02 22 2013 _			
City	Transaction ID : SA11AI.20965				
mission	State Zip Code TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing	0				
federal political committee.	C	250.00			
Name of Employer	contribution				
selfemployed	Occupation physician				
Receipt For:					
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Sergio Ramirez	<u> </u>	Date of Receipt			
Mailing Address 1608 Woods Drive		M = M / D = D / Y = Y = Y			
City	State 7's Code	03 18 2013			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21289			
	10012	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	750.00				
Other (specify) ▼	750.00				
SUBTOTAL of Receipts This Page (ontion	al)	750.00			
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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 FEDERA	L PAC				
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive		Date of Receipt			
City mission	State Zip Code TX 78572	04 12 2013 Transaction ID : SA11AI.21608			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) 3. Sergio Ramirez Mailing Address 1608 Woods Drive		Date of Receipt Date of Receipt 05 10 2013			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21929 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00 contribution			
Name of Employer selfemployed Receipt For:	Occupation physician	Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00				
Full Name (Last, First, Middle Initial) Sergio Ramirez		Date of Receipt			
Mailing Address 1608 Woods Drive	Ohate Tir Ordin	06 21 2013			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.22247 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1500.00	_ contribution			
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line numb	er only)	7 7 7			

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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) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt
City mcallen	State Zip Code TX 78501	01 10 2013 Transaction ID : SA11AI.20653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt
City mcallen	State Zip Code TX 78501	7
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Custavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		03 18 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21290 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 physicain 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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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt
City mcallen	State Zip Code TX 78501	04 12 2013 Transaction ID : SA11AI.21609 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physicain	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Custavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		06 21 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.22248 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 physicain Aggregate Year-to-Date ▼ 1500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than usin	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name (Last, First, Middle Initial) Dr. Keith Ramos	Dr. Keith Ramos					
Mailing Address P.O. Box 4412		05 10 / Y = Y = Y = Y = Y				
City	State Zip Code	Transaction ID : SA11AI.21931				
McAllen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) 3. Dr. Keith Ramos		Date of Receipt				
Mailing Address P.O. Box 4412		06 21 _2013 _				
City	State Zip Code	Transaction ID : SA11AI.22249				
McAllen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Dr. Shahid Rashid	<u>'</u>	Date of Receipt				
Mailing Address 112 Canary		03 18 2013				
City	State Zip Code	Transaction ID : SA11AI.21295				
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					
SURTOTAL of Receipts This Page (options	al)	200.00				
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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. Shahid Rashid Mailing Address 112 Canary		Date of Receipt
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.21614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
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) 3. Dr. Shahid Rashid Mailing Address 112 Canary		Date of Receipt
City McAllen	State Zip Code TX 78504	05 10 2013 Transaction ID : SA11AI.21935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
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) Dr. Shahid Rashid		Date of Receipt
Mailing Address 112 Canary	Chata	06 21 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.22253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	er 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) A. R.V. Reddy						
Mailing Address 1500 Southland Drive		02 22 2013				
City	State Zip Code	Transaction ID : SA11AI.20972				
weslaco	TX 78596	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:		_				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) R.V. Reddy		Date of Receipt				
Mailing Address 1500 Southland Drive		M = M / D = D / Y = Y = Y				
City	State Zin Code	03 18 2013				
City	State Zip Code	Transaction ID : SA11AI.21296				
weslaco	TX 78596	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					
Full Name (Last, First, Middle Initial)						
R.V. Reddy		Date of Receipt				
Mailing Address 1500 Southland Drive		04 12 7 2013				
City	State Zip Code TX 78596	Transaction ID : SA11AI.21615				
weslaco	TX 78596	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) ▼	500.00					
SUBTOTAL of Receipts This Page (optional)	375.00				
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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	05 10 2013 Transaction ID : SA11AI.21936
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) 3. R.V. Reddy Mailing Address 1500 Southland Drive		Date of Receipt
Mailing Address 1500 Southland Drive City	State Zip Code TX 78596	06 21 2013 Transaction ID : SA11AI.22254
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Vangala Reddy		Date of Receipt
Mailing Address 605 Tulip		04 12 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	350.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to solicit continuations from such committee.
Full Name (Last, First, Middle Initial) Vangala Reddy Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Vangala Reddy Mailing Address 605 Tulip 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	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22255 Amount of Each Receipt this Period 100.00 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 Receipt For: Primary Other (specify) General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt O1 10 2013 Transaction ID: SA11AI.20661 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional	l)	450.00

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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) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt O2
City mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.20974 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 ▼ 500.00	
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt 03 18 _2013 _
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21299 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) William Restrepo		Date of Receipt
Mailing Address 1117 S. Cynthia	Chata 7' C. I	04 12 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21618 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 ▼ 1000.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt
City	State Zip Code	05 10 2013 Transaction ID : SA11AI.21939
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia		Date of Receipt
City mcallen	State Zip Code TX 78504	06 21 2013 Transaction ID : SA11AI.22257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Anna Reyes		Date of Receipt
Mailing Address 320 North 7th Street		05 10 2013
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.21940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
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)		550.00
TOTAL This Period (last page this line number	only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Anna Reyes		Date of Receipt
	Mailing Address 320 North 7th Street		06 21 2013
	City	State Zip Code	Transaction ID : SA11AI.22258
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real to Date V	
	Other (specify) ▼	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu		Date of Receipt
	Mailing Address 3214		M M / D D / Y Y Y Y
	Banyan Circle		03 18 2013
	City	State Zip Code	Transaction ID : SA11AI.21301
	Harlingen	TX 78550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer	Occupation	contribution
	Self employed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	riggiogato roal to Dato y	
	Other (specify) ▼	250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu		Date of Receipt
	Mailing Address 3214 Banyan Circle		04 12 2013
	City	State Zip Code	Transaction ID : SA11AI.21620
	Harlingen	TX 78550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer	Occupation	contribution
	Self employed	physician	
	Receipt For:	1''	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	375.00	
Н	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		300.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 05 10 2013 Transaction ID : SA11Al.21941 Amount of Each Receipt this Period 125.00 contribution
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) Canada Address 3214 Banyan Circle City General Other (specify)	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 625.00	Date of Receipt M M M / 21 2013 Transaction ID: SA11Al.22259 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City	State Zip Code	Date of Receipt O1 10 2013 Transaction ID: SA11AI.20663
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	er only)	

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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) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt
City mcallen	State Zip Code TX 78501	7 Transaction ID : SA11AI.20976 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) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt 03 18 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.21302 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) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.21621 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
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 FEDERAL		
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	05 10 2013 Transaction ID : SA11AI.21942 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston	State 7in Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.22261 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution -
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia	State 7'in Code	Date of Receipt 01 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.20664 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physcian Aggregate Year-to-Date ▼ 250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia		Date of Receipt
City	State Zip Code	02 22 2013 Transaction ID : SA11AI.20977
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Benjamin Robalino Mailing Address 1217 S. Cypthia		Date of Receipt
Mailing Address 1217 S. Cynthia City	State Zip Code	03 18 2013 Transaction ID : SA11Al.21303
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Benjamin Robalino		Date of Receipt
Mailing Address 1217 S. Cynthia		04 12 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21622 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physcian	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
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) Benjamin Robalino Mailing Address 1217 S. Cynthia City	State Zip Code	Date of Receipt 05 10 2013 Transaction ID : SA11Al.21943
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78501 C Occupation physcian Aggregate Year-to-Date ▼ 1250.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia 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 physcian Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22262 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662 City Santa Rosa FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78593 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt Mark 2013 2013 Transaction ID : SA11Al.21944 Amount of Each Receipt this Period 50.00 contribution 50.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	550.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Mr. Martin Rocha		Date of Receipt
Mailing Address P.O. Box 662		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22263
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ¥	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez		Date of Receipt
Mailing Address 112 E. Xenops		05 10 2013 _
City	State Zip Code	Transaction ID : SA11AI.21946
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	1, ,	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez	<u>'</u>	Date of Receipt
Mailing Address 112 E. Xenops		Mam / Dab / Yayayay
		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22265
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	202.22	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (options	al)	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Henry E. Ruiz Mailing Address 208 W. Pelician City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 04 12 2013 Transaction ID : SA11AI.21628 Amount of Each Receipt this Period 150.00 contribution
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	250.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name (Last, First, Middle Initial) A. Dr. Henry E. Ruiz	Dr. Henry E. Ruiz						
	Mailing Address 208 W. Pelician						
City	State Zip Code	Transaction ID : SA11AI.21949					
Mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General	00 0						
Other (specify) ▼	450.00						
Full Name (Last, First, Middle Initial) 3. Dr. Henry E. Ruiz		Date of Receipt					
Mailing Address 208 W. Pelician		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	06 21 2013 Transaction ID : SA11Al.22268					
Mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing		or East Hoodpt this I drive					
federal political committee.	C	150.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	600.00						
Full Name (Last, First, Middle Initial) C. Dr. Robert Ruiz	'	Date of Receipt					
Mailing Address 2524 James		05 10 2013					
City	State Zip Code	Transaction ID : SA11AI.21950					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	contribution					
self-employee	1, 7						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	250.00						
SUBTOTAL of Receipts This Page (optional	l)	350.00					
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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. Robert Ruiz Mailing Address 2524 James		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	O6 21 2013 Transaction ID : SA11Al.22269 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee	Occupation physician	50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor		Date of Receipt 03 18 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21310 Amount of Each Receipt this Period 75.00
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) Paulette Saca	225.00	Date of Receipt
Mailing Address 109 Condor City mcallen	State Zip Code TX 78504	04 12 2013 Transaction ID : SA11AI.21630
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 75.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		200.00
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 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) A. Paulette Saca Mailing Address 109 Condor	ette Saca				
City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.21951 Amount of Each Receipt this Period 75.00 contribution			
self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 375.00				
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation private invector	Transaction ID : SA11AI.22270 Amount of Each Receipt this Period 75.00 contribution			
Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 450.00				
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.20672 Amount of Each Receipt this Period 400.00 contribution			
SUBTOTAL of Receipts This Page (optional)	>	550.00			
TOTAL This Period (last page this line number	r only)				

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt
City mission FEC ID number of contributing	State Zip Code TX 78574	02 22 2013 Transaction ID : SA11AI.20983 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) 3. Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt 03 18 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.21311 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	1200.00	
Mailing Address 2308 Monaco Drive		Date of Receipt O4 12 2013
City mission FEC ID number of contributing	State Zip Code TX 78574	Transaction ID : SA11AI.21631 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1600.00	
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	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. Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt
City mission	State Zip Code TX 78574	05 10 2013 Transaction ID : SA11AI.21952 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 ▼ 2000.00	
Full Name (Last, First, Middle Initial) 3. Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt 06 21 2013
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.22271 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	- contribution
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen	State Zip Code TX 78503	O1 10 2013 Transaction ID : SA11AI.20673 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 ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	1050.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78503	02 22 2013 Transaction ID : SA11AI.20984 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physician	250.00 contribution
Receipt For: Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt 03 18 2013
City mcallen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.21312 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) JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78503	04 12 2013 Transaction ID : SA11AI.21632 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen	State Zip Code TX 78503	05 10 2013 Transaction ID : SA11AI.21953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) 3. JJ Saenz Mailing Address 2400 S.E. Augusta Square	State Zin Code	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.22272 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen	State Zip Code TX 78503	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City	State Zip Code	Date of Receipt 02 22 2013
mcallen 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 ▼	Transaction ID : SA11AI.20985 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1200.00	Date of Receipt M M M / D P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1600.00	Date of Receipt M M M / 12 2013 Transaction ID: SA11Al.21633 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	1200.00
TOTAL This Period (last page this line numb	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd		Date of Receipt
suite 10	Chate 7'- C '	05 10 2013
City	State Zip Code	Transaction ID : SA11AI.21954
mcallen	TX 78503	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Larry Safir		Date of Receipt
Mailing Address 3300 S. 2nd		M = M / D = D / Y = Y = Y
suite 10	06 21 2013	
City	State Zip Code	Transaction ID : SA11AI.22273
mcallen	TX 78503	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Juan Salazar		Date of Receipt
Mailing Address 801 E Nolana Loop		01 10 2013
City	State Zip Code	Transaction ID : SA11AI.20675
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:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
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) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt 02 22 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20986 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) 3. Juan Salazar Mailing Address 801 E Nolana Loop	State 7:- C-J-	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.21314 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) Juan Salazar Mailing Address 801 E Nolana Loop	State 7in Code	Date of Receipt 04 12 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11Al.21634 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
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) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt 05 10 2013
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 ▼ 1250.00	Transaction ID : SA11AI.21955 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 21 2013 Transaction ID: SA11AI.22274 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street		Date of Receipt			
City McAllen	State Zip Code TX 78504	06 21 2013 Transaction ID : SA11AI.22275 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution			
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) 3. Dr. Mariano Salinas Mailing Address 2203 Red River		Date of Receipt 03 18 2013			
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.21316 Amount of Each Receipt this Period 100.00			
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas Mailing Address 2203 Red River		Date of Receipt 04 12 2013			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21636 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00 contribution			
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	. Contribution			
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	250.00			
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.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Mariano Salinas Mailing Address 2203 Red River		Date of Receipt
	City mission	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21957 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
В.	Full Name (Last, First, Middle Initial) Dr. Mariano Salinas Mailing Address 2203 Red River		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78572 C Occupation physician	Transaction ID : SA11AI.22276 Amount of Each Receipt this Period 100.00 contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
C.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission	State Zip Code TX 78574	Date of Receipt M
	FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) Other (specify)	Occupation physician Aggregate Year-to-Date 250.00	125.00 contribution
S	SUBTOTAL of Receipts This Page (optional)	>	325.00
Т	TOTAL This Period (last page this line number of	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) 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)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21317 Amount of Each Receipt this Period 125.00 contribution
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)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 500.00	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) 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)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 625.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	<u> </u>	375.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) 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)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M / 21 2013 Transaction ID: SA11AI.22277 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 18 2013 Transaction ID : SA11AI.21318 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 12 2013 Transaction ID: SA11AI.21638 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	_	325.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia		Date of Receipt
City mission	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21959 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Manuel Sanchez	500.00	Date of Receipt
Mailing Address 2804 Santa Lydia City	State Zip Code	06 21 2013 Transaction ID : SA11Al.22278
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	Occupation physician Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	600.00	
Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt O1 10 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.20680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	450.00
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) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	02 22 2013 Transaction ID : SA11Al.20991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	03 18 2013 Transaction ID : SA11AI.21319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868	0000	04 12 2013
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21639 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 ▼ 1000.00	- 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) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	05 10 2013 Transaction ID : SA11AI.21960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor	Commodit
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	06 21 2013 Transaction ID : SA11Al.22279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ms Elena Santoy		Date of Receipt
Mailing Address 416 N. 17th Street	Chala	05 10 / Y = Y = Y = Y = Y
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.21961 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Ms Elena Santoy Mailing Address 416 N. 17th Street		Date of Receipt			
01.	7.0.1	06 21 2013			
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.22280			
		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)	300.00				
Full Name (Last, First, Middle Initial) Michael Seiba		Date of Receipt			
Mailing Address P. O. Box 4556		M M / D D / Y H Y H Y H Y			
City	State Zip Code	01 10 2013 Transaction ID : \$A11A1 20693			
mcallen	TX 78502	Transaction ID : SA11AI.20683 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) Michael Seiba		Date of Receipt			
Mailing Address P. O. Box 4556		02 22 2013			
City	State Zip Code	Transaction ID : SA11AI.20994			
mcallen	TX 78502	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) ▼	500.00				
SUBTOTAL of Receipts This Page (optional)		550.00			
TOTAL This Period (last page this line number of	only)				

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

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78502	03 18 2013 Transaction ID : SA11AI.21322 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 ▼ 750.00	
Full Name (Last, First, Middle Initial) 3. Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt 04 12 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.21642 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt 05 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.21963 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	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		
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt 06 21 2013
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Transaction ID : SA11AI.22282 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 18 2013 Transaction ID: SA11Al.21323 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 12 2013 Transaction ID: SA11AI.21643 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	r 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) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt 05 10 2013
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.21964 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Amount of Each Receipt this Period 100.00 contribution
self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive	State 7'in Code	Date of Receipt O1 10 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.20685 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 ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	·····	600.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.20996 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 Mailing Address 4000 Burns Drive		Date of Receipt 03 18 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.21324 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 ▼ 1200.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
Mailing Address 4000 Burns Drive		04 12 2013
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.21645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1600.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	1200.00
TOTAL This Period (last page this line numb	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) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing	State Zip Code TX 78503	Date of Receipt 05 10 2013 Transaction ID : SA11AI.21965 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City	State Zip Code	Date of Receipt M M / D D / Y D D / 2013 Transaction ID: SA11Al.22284
mcallen FEC ID number of contributing federal political committee.	TX 78503	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 ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Herschel Siberman Mailing Address 609 Tulip City	State Zip Code	Date of Receipt M
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation physician	Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	3	10 OF	;	385	
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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. Herschel Siberman Mailing Address 609 Tulip		Date of Receipt
City McAllen	State Zip Code TX 78504	06 21 2013 Transaction ID : SA11AI.22285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
selfemployed Receipt For: Primary General Other (specify) Other	occupation physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt 03 18 2013
City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.21326 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11AI.21647 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	100.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	>	250.00
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) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City	State Zip Code TX 78596	05 10 2013 Transaction ID : SA11AI.21967
weslaco FEC ID number of contributing federal political committee.	1X 78596	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) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt 06 21 2013
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.22286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet	Chata	02 22 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
City	State Zip Code	03 18 2013 Transaction ID : SA11AI.21328
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	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) 3. Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet	Chata	04 12 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21649
		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 ▼ 600.00	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		05 10 2013
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
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)	>	450.00
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	06 21 2013 Transaction ID : SA11AI.22288
Mcallen	TX 78501	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 Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) 3. Dr. Hector Soto		Date of Receipt
Mailing Address 101 South Greenbriar	0000	01 10 2013
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.20690 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-employee	Occupation	contribution
Receipt For:	physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto		Date of Receipt
Mailing Address 101 South Greenbriar		02 22 2013
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.21002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employee Receipt For:	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar	Dr. Hector Soto			
City McAllen	State Zip Code TX 78502	03 18 2013 Transaction ID : SA11AI.21329 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution		
self-employee Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1200.00			
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar	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.21650 Amount of Each Receipt this Period 400.00		
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution		
Primary General Other (specify) ▼	1600.00			
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar		Date of Receipt 05 10 2013		
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.21970 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	- contribution		
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	<u> </u>	1200.00		
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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. Hector Soto Mailing Address 101 South Greenbriar	Dr. Hector Soto			
City McAllen	State Zip Code TX 78502	Transaction ID : SA11Al.22289 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00			
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street	Dr. Jyothi Swarup			
City McAllen	State Zip Code TX 78504	03 18 2013 Transaction ID : SA11AI.21333 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
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) Dr. Jyothi Swarup	· 	Date of Receipt		
Mailing Address 8109 N. 1st Street		04 12 / Y = Y = Y = Y = Y		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21654 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution		
SUBTOTAL of Receipts This Page (optional)	>	600.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC				
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street	Dr. Jyothi Swarup				
City	State Zip Code	05 10 2013 Transaction ID : SA11Al.21974			
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: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup		Date of Receipt			
Mailing Address 8109 N. 1st Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22293			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer	Occupation	contribution			
selfemployed	physician	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Dr. Wilson Sy	•	Date of Receipt			
Mailing Address 6724 N.Cynthia		05 10 2013			
City	State Zip Code	Transaction ID : SA11AI.21975			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00 contribution			
Name of Employer	Name of Employer Occupation				
selfemployed	· ·				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (ontional	I)	250.00			
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TOTAL This Period (last page this line num	nber only)				

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Wilson Sy Mailing Address 6724 N.Cynthia	Date of Receipt	
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.22294 Amount of Each Receipt this Period
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 ▼ 275.00	
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt 01 10 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11Al.20697 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) Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		02 22 2013
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21008 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 physician Aggregate Year-to-Date ▼ 500.00	- contribution
SUBTOTAL of Receipts This Page (optional).		525.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) A. Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt		
City Edinburg	State Zip Code TX 78539	03 18 2013 Transaction ID : SA11AI.21336 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) Alejandro Tey Mailing Address 3012 Laurie Lane	Alejandro Tey			
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.21657 Amount of Each Receipt this Period		
federal political committee. Name of Employer Self employed	Occupation physician	250.00 contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt		
City Edinburg	State Zip Code TX 78539	05 10 2013 Transaction ID : SA11AI.21977 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00			
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00		
TOTAL This Period (last page this line number	er only)			

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) A. Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22296
Edinburg FEC ID number of contributing federal political committee	TX 78539	Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer	Occupation	contribution
Self employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt 01 10 _2013 _
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.20700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		02
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21011 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 ▼ 500.00	contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt
City	State Zip Code TX 78501	03 18 2013 Transaction ID : SA11Al.21339
mcallen FEC ID number of contributing federal political committee.	TX 78501	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) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt 04 12 2013
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.21660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		05 10 / 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.21980 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 ▼ 1250.00	- 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	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22299
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		M M / D D / Y Y Y Y Y
City	State Zip Code	03 18 2013 Transaction ID : \$A11A1 21241
McAllen	TX 78504	Transaction ID : SA11AI.21341 Amount of Each Receipt this Period
	10004	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	
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		04 122013
City	State Zip Code	Transaction ID : SA11AI.21662
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) ▼	400.00	
SUBTOTAL of Receipts This Page (ontional)	450.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Dr. Krishna Turlapati Mailing Address 9123 1st Street		Date of Receipt O5 10 2013
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.21982 Amount of Each Receipt this Period 100.00
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) Dr. Krishna Turlapati Mailing Address 9123 1st Street	Chalc 7" O. I	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.22301 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City	State Zip Code	Date of Receipt 01 10 2013 Transaction ID: SA11AL 20703
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78504 C Occupation physician	Transaction ID : SA11AI.20703 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)	>	450.00
TOTAL This Period (last page this line number	r only)	

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	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) Susan Turley Mailing Address 312 Thunderbird		Date of Receipt
City	State Zip Code	02 22 2013 Transaction ID : SA11AI.21014
mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird		Date of Receipt
City mcallen	State Zip Code TX 78504	03 18 2013 Transaction ID : SA11AI.21342 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) Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		04 12 2013
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21663 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 ▼ 1000.00	
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 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) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt M
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) 3. Susan Turley Mailing Address 312 Thunderbird City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78504 C Occupation	Transaction ID : SA11AI.22302 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission	State Zip Code TX 78572	Date of Receipt O1 10 2013 Transaction ID: SA11AI.20704
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78572 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
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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) Marcel Twahirwa Mailing Address 2403 El Encino Drive		Date of Receipt
City mission	State Zip Code TX 78572	02 22 2013 Transaction ID : SA11Al.21015 Amount of Each Possint this Period
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) Marcel Twahirwa Mailing Address 2403 El Encino Drive	Date of Receipt	
City mission	State Zip Code TX 78572	03 18 2013 Transaction ID : SA11AI.21343 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) Marcel Twahirwa		Date of Receipt
Mailing Address 2403 El Encino Drive		04 12 / 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.21664 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 ▼ 1000.00	- 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	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) Marcel Twahirwa Mailing Address 2403 El Encino Drive	Marcel Twahirwa						
City mission	State Zip Code TX 78572	05 10 2013 Transaction ID : SA11AI.21984 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	- contribution					
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive	Date of Receipt 06 21 2013						
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.22303 Amount of Each Receipt this Period 250.00					
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution					
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City	State Zip Code	Date of Receipt 05 10 2013 Transaction ID: SA11Al.21985					
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00					
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	. contribution					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	550.00					
TOTAL This Period (last page this line number	r 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) Lourdes Uribe Mailing Address 801 E. Nolana	les Uribe					
City McAllen	State Zip Code TX 78504	06 21 2013 Transaction ID : SA11AI.22304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution				
Self employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.21345 Amount of Each Receipt this Period 100.00				
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼ Full Name (Last, First, Middle Initial)	300.00					
Dr. Theresa Valladares Mailing Address 2302 Red River Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.21666 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00 contribution				
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)		250.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	*						
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive	Dr. Theresa Valladares Mailing Address 2302 Red River Drive						
City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Transaction ID : SA11AI.21986 Amount of Each Receipt this Period 100.00 contribution					
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22305 Amount of Each Receipt this Period 100.00 contribution					
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M					
SUBTOTAL of Receipts This Page (optional)		450.00					
TOTAL This Period (last page this line number	only)						

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or for commercial purposes, other than using the	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) Jose Vasquez Mailing Address 2548 Palm Circle	Vasquez					
City rio grande city	State Zip Code TX 78582	02 22 2013 Transaction ID : SA11AI.21018 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. Jose Vasquez Mailing Address 2548 Palm Circle	Date of Receipt 03 18 2013					
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.21346 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution				
Primary General Other (specify) ▼	750.00					
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle		Date of Receipt 04 12 2013				
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11Al.21667 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 ▼ 1000.00	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 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 Vasquez Mailing Address 2548 Palm Circle	e Vasquez						
City rio grande city	State Zip Code TX 78582	05 10 2013 Transaction ID : SA11AI.21987 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00 contribution					
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00						
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle	Date of Receipt M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D						
City rio grande city FEC ID number of contributing	State Zip Code TX 78582	Transaction ID : SA11AI.22306 Amount of Each Receipt this Period 250.00					
Receipt For: Primary Other (specify) ▼ Name of Employer Selfemployed General	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution					
Full Name (Last, First, Middle Initial) Dr. Carlos Vela Mailing Address P.O. Box 1909 City	State Zip Code	Date of Receipt 05 10 2013 Transaction ID: SA11Al.21990					
Mission FEC ID number of contributing federal political committee.	TX 78573	Amount of Each Receipt this Period 50.00					
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution					
SUBTOTAL of Receipts This Page (optional)	····	550.00					
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				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name (Last, First, Middle Initial) Dr. Carlos Vela		Date of Receipt			
Mailing Address P.O. Box 1909	Mailing Address P.O. Box 1909				
City	State Zip Code	06 21 2013 Transaction ID : SA11AI.22309			
Mission	TX 78573	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	- contribution			
selfemployed	physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) 3. Dr. Efraim Vela		Date of Receipt			
Mailing Address 100 E. Ridge Road #B		01 10 _2013 _			
City	State Zip Code	Transaction ID : SA11AI.20711			
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 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 22 2013			
City	State Zip Code TX 78503	Transaction ID : SA11AI.21022			
McAllen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 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)		550.00			
TOTAL This Period (last page this line numb					

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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. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt		
City McAllen	State Zip Code TX 78503	03 18 2013 Transaction ID : SA11AI.21350 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) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt 04 122013		
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21671 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt		
Mailing Address 100 E. Ridge Road #B	7: 0	05 10 / Y=Y=Y=Y		
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.21991 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	. contribution		
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	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. Efraim Vela Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing	State Zip Code TX 78503	Date of Receipt 06 21 2013 Transaction ID : SA11AI.22310 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 ▼ 1500.00	contribution
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City	State Zip Code	Date of Receipt 01 10 2013
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	Transaction ID : SA11AI.20714 Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: Primary Other (specify)	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City	State Zip Code	Date of Receipt 02 22 2013 Transaction ID : SA11AI.21025
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	1050.00
TOTAL This Period (last page this line number	only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Α.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport		Date of Receipt				
	City mcallen	State Zip Code TX 78501	03 18 2013 Transaction ID : SA11AI.21353 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	Occupation physician Aggregate Year-to-Date ▼	contribution				
	Other (specify) ▼	1200.00					
В.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	city mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.21674 Amount of Each Receipt this Period				
	federal political committee. Name of Employer selfemployed	Occupation physician	400.00 contribution				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1600.00					
C.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport		Date of Receipt				
	City	State Zip Code TX 78501	05 10 2013 Transaction ID : SA11AI.21994 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	400.00				
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution				
	Primary General Other (specify) ▼	2000.00					
S	SUBTOTAL of Receipts This Page (optional)	>	1200.00				
т	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) Ramiro Verdoreen Mailing Address 301 E. Newport		Date of Receipt		
City	State Zip Code	06 21 2013		
mcallen	Transaction ID : SA11AI.22313 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed Receipt For:	Occupation physician	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00			
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address B. O. Box, 1633		Date of Receipt		
Mailing Address P. O. Box 1632 City mission	State Zip Code TX 78573	02 22 2013 Transaction ID : SA11AI.21027		
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 ▼ 250.00			
Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt		
Mailing Address P. O. Box 1632		03 18 2013		
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.21355 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00			
SUBTOTAL of Receipts This Page (optional)		650.00		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using 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) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt				
City mission	State Zip Code TX 78573	04 12 2013 Transaction ID : SA11AI.21676 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 physician Aggregate Year-to-Date ▼ 500.00	- Contribution				
Other (specify) ▼ Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address D. O. Bay 1633	300.00	Date of Receipt				
Mailing Address P. O. Box 1632 City mission	State Zip Code TX 78573	05 10 2013 Transaction ID : SA11AI.21996 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer selfemployed	Occupation physician	125.00 contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00					
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt				
City mission	State Zip Code TX 78573	06 21 2013 Transaction ID : SA11AI.22315 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 physician Aggregate Year-to-Date ▼ 750.00					
SUBTOTAL of Receipts This Page (optional).	•	375.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than 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) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City	State Zip Code	Date of Receipt O5 10 2013 Transaction ID: SA11AI.21997
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) This is a self-and of the	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 225.00	Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 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 ▼ 350.00	Date of Receipt Mo6 21 2013 Transaction ID: SA11AI.22316 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore 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 ▼ 270.00	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21357 Amount of Each Receipt this Period 90.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	265.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt
City	State Zip Code TX 78577	04 12 2013 Transaction ID : SA11AI.21678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 90.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 360.00	contribution
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt 05 10 2013
City pharr FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78577 C Occupation	Transaction ID : SA11AI.21998 Amount of Each Receipt this Period 90.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City	State Zip Code	Date of Receipt 06 21 2013 Transaction ID: SA11Al.22317
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 90.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 540.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	270.00
TOTAL This Period (last page this line number	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) Roger Vitko Mailing Address 1017 south 1st		Date of Receipt
City mcallen	State Zip Code TX 78502	02 22 2013 Transaction ID : SA11Al.21030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70302	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st		Date of Receipt
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.21358 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) . Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		04 12 / Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.21679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	- contribution
SUBTOTAL of Receipts This Page (optional).		450.00
TOTAL This Period (last page this line number	er only)	

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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) A. Roger Vitko Mailing Address 1017 south 1st		Date of Receipt
City	State Zip Code	05 10 2013 Tanggarian ID : \$444.41.24000
mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.21999 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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		06 21 2013
City	State Zip Code	Transaction ID : SA11AI.22318
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 ▼ 900.00	
Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow		01 10 2013
apt 4 City	State Zip Code	01 10 2013 Transaction ID : SA11AI.20720
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
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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) 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) Eull Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 22 2013 Transaction ID : SA11AI.21031 Amount of Each Receipt this Period 250.00 contribution
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 18 2013 Transaction ID : SA11AI.21359 Amount of Each Receipt this Period 250.00 contribution
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 ▼ 1000.00	Date of Receipt M
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	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. Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt 05 10 2013 Transaction ID : SA11AI.22000 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	250.00 - contribution
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M
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 Other (specify) General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / 12 2013 Transaction ID: SA11Al.21681 Amount of Each Receipt this Period 62.50 contribution
SUBTOTAL of Receipts This Page (optional)	>	562.50
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud		Date of Receipt
City	State Zip Code	05 10 2013 Transaction ID : SA11Al.22001
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	
Full Name (Last, First, Middle Initial) James Webb		Date of Receipt
Mailing Address 312 Redbud		06 21 2013
City	State Zip Code TX 78504	Transaction ID : SA11AI.22320
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.50
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
Mailing Address 111 Rio Grande		03 18 2013
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.21361 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	>	225.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name (Last, First, Middle Initial) • Patrick Wilcox		Date of Receipt					
Mailing Address 111 Rio Grande		04 12 2013					
City	State Zip Code	Transaction ID : SA11AI.21682					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial) Patrick Wilcox	'	Date of Receipt					
Mailing Address 111 Rio Grande							
City	State Zip Code	Transaction ID : SA11AI.22002					
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 ▼ 500.00						
Full Name (Last, First, Middle Initial) Patrick Wilcox	·	Date of Receipt					
Mailing Address 111 Rio Grande		06 21 2013					
City	State Zip Code	Transaction ID : SA11AI.22321					
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							
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	600.00						
SUBTOTAL of Receipts This Page (optional	1)	300.00					
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or for confinercial 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 I	PAC	
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt O1 10 2013 Transaction ID: SA11AI.20725 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) B. 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 O2
Full Name (Last, First, Middle Initial) C. 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 Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 03 18 2013 Transaction ID: SA11AI.21364 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u>`</u>	1000.00

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

FOR LINE NUMBER:						PAGE	3	46 OF	: ;	385
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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 the	he name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia		Date of Receipt 04 12 2013		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.21686 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 ▼ 1400.00			
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia 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 78504	Amount of Each Receipt this Period 200.00		
Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	- contribution		
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia 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 78504	Amount of Each Receipt this Period 200.00		
Name of Employer Self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1800.00	contribution		
SUBTOTAL of Receipts This Page (optional)	>	800.00		
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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	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. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 01 10 2013 Transaction ID : SA11Al.20726 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
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st	State 7'- Code	Date of Receipt O2 22 2013
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504 C	Transaction ID : SA11AI.21037 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) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City	State Zip Code	Date of Receipt 03 18 2013 Transaction ID : SA11Al.21365
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st		Date of Receipt
City	State Zip Code	04 12 2013 Transaction ID : SA11AI.21687
mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Christopher Zaleski Mailing Address soon N. 10th		Date of Receipt
Mailing Address 6804 N. 1st City	State Zip Code	05 10 2013 Transaction ID : SA11Al.22007
mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski		Date of Receipt
Mailing Address 6804 N. 1st		06 21 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.22326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops	Hugo Zapata			
City mcallen	State Zip Code TX 78504	01 10 2013 Transaction ID : SA11Al.20727 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) 3. Hugo Zapata Mailing Address 316 Xenops		Date of Receipt		
City mcallen	State Zip Code TX 78504	02 22 2013 Transaction ID : SA11AI.21038 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) L Hugo Zapata		Date of Receipt		
Mailing Address 316 Xenops		03 18 2013		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.21366 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)			

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) Hugo Zapata Mailing Address 316 Xenops	Hugo Zapata					
City	State Zip Code TX 78504	Transaction ID : SA11Al.21688				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00					
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops		Date of Receipt				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22008 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	400.00				
Name of Employer selfemployed	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) L Hugo Zapata		Date of Receipt				
Mailing Address 316 Xenops		06 21 / Y = Y = Y = Y				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.22327 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	- contribution				
SUBTOTAL of Receipts This Page (optional)		1200.00				
TOTAL This Period (last page this line number	er only)					

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

FOR LINE	NUMBER	: PAGE	351 OF	385
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Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane		Date of Receipt					
	7. 0	03 18 2013					
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.21368					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 75.00					
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution					
Primary General Other (specify) ▼	225.00						
Full Name (Last, First, Middle Initial) 3. Dr. Fuad Zayed Mailing Address 1425 Sweet Lane	Date of Receipt						
City Edinburg	State Zip Code TX 78539	04 12 2013 Transaction ID : SA11Al.21690 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00 contribution					
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) Dr. Fuad Zayed		Date of Receipt					
Mailing Address 1425 Sweet Lane		05 10 2013					
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.22010 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 ▼ 375.00						
SUBTOTAL of Receipts This Page (optional)		225.00					
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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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane	Dr. Fuad Zayed				
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	06 21 2013 Transaction ID : SA11AI.22329 Amount of Each Receipt this Period 75.00			
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date	contribution			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	450.00				
Mailing Address	Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Occupation				
Name of Employer Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial) 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-Date ▼				
SUBTOTAL of Receipts This Page (optional)	>	75.00			
TOTAL This Period (last page this line number	r only)	219972.50			

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S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 35							353 ()F 3	85	
ΙT	EMIZED DISBURSEMENTS	Use separate schedule for each category of th		(check only	ck only one)							
		Detailed Summary Pag		X 21b	22	23		24	25		26	
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam											
\setminus	NAME OF COMMITTEE (In Full)											
	BORDER HEALTH FEDERAL PAC											
_	Full Name (Last, First, Middle Initial)											
Α.	Ms Eliza Alvardo				Date of	Disburs	eme		YYY	Υ		
	Mailing Address 1303 W. Kiwi #4				01		15		2013			
	City	State Zip Code			Trans	action II) · CI	B21B.22	270			
	Pharr	TX 78577			IIalis	action it	اد . د	DZ 1 D.ZZ.	370			
	Purpose of Disbursement contract services - salary expenditure		П	001	Amount	of Each	n Dis	burseme	nt this F	Period	I	
	Candidate Name		7 -	Category/ Type				4	2966	.80		
	Office Sought: House Disbursen	nent For:				,						
	Senate	Primary Genera	ıl									
		Other (specify) ▼										
_	State: District:											
D	Full Name (Last, First, Middle Initial)				Data of	Diahura		•				
Ь.	Ms Eliza Alvardo					Disburs						
	Mailing Address 1303 W. Kiwi #4				01		28		2013	Y		
	City	State Zip Code										
	Pharr	TX 78577			Trans	action II) : S	B21B.22	371			
	Purpose of Disbursement contract services - salary expenditure		Т	001	Amount	of Each	n Disl	burseme	nt this f	Period	ı	
	Candidate Name		Category/					0000.00				
				Type		- 7	_	7	2666	5.36		
	Office Sought: House Disbursen											
		Primary Genera	ıl									
	President State: District:	Other (specify) ▼										
_	Full Name (Last, First, Middle Initial)											
C.	Ms Eliza Alvardo				Date of	Disburs	emei	nt				
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	Mailing Address 1303 W. Kiwi #4				02		11		2013	_		
	City	State Zip Code			Trans	action II	٦ . د	B21B.22	272			
		TX 78577			ITAIIS	action ii	ر کی کی	DZ 1 D.ZZ	312			
	Purpose of Disbursement contract services - salary expenditure		Ιг	001								
	Candidate Name		- L		Amount	of Each	n Dis	burseme	nt this f	Perioc	1	
	Cardidate Name			Category/ Type					5939	.90	7	
	Office Sought: House Disbursen	nent For:		.7120		7		7				
		Primary Genera	ıl									
	President	Other (specify) ▼										
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAG	E 354 (OF 385
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only					
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
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\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	BORDER HEALTH FEDERAL PAC								
\angle	Full Name (Last, First, Middle Initial)			1					
Α.	Ms Eliza Alvardo				Date o	f Disburse	ment		
					M = M	/ D	D / Y	YY	Υ
	Mailing Address 1303 W. Kiwi #4				02	20	6	2013	
	City	State	Zip Code						
	Pharr	TX	78577		Trans	action ID	: SB21B.2	2373	
	Purpose of Disbursement								
	contract services - salary expenditure Candidate Name			001	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Category/ Type				2486	3.02
	Office Sought: House Disbursen	nent For:		1,400			7		
		Primary	General						
		Other (spec	cify) 🔻						
_	State: District:								
В.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo				Date of	f Disburse	ment		
					M = M	/ D		YY	Υ
	Mailing Address 1303 W. Kiwi #4				03	1:		2013	
	City	State	Zip Code		Trans	action ID	: SB21B.2	2374	
	Pharr Purpose of Dishursoment	TX	78577		mans	action ib	. 00210.2	-017	
	Purpose of Disbursement contract services - salary expenditure			001	Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/					
				Type		-	7	2480	5.04
	Office Sought: House Disbursem								
		Primary Other (spec	General						
	State: District:	Ji (opot	3/ ▼						
_	Full Name (Last, First, Middle Initial)								
C.	Ms Eliza Alvardo				Date of	f Disburse	ment		
	Mailing Address 1303 W. Kiwi #4				03	/ D 25		2013	Y
	Wildling Address 1303 W. NIWI #4				03			2010	
	•	State	Zip Code		Trans	action ID	: SB21B.2	2375	
	Pharr Purpose of Disbursement	TX	78577						
	contract services - salary expenditure			001	Amoun	t of Fach	Disburseme	ent this	Period
	Candidate Name			Category/	, anoun	. Si Lacii	2/00/01/00/11		
				Type		7	7	2486	5.02
	Office Sought: House Disbursen		Ganaral						
		Primary Other (spec	General						
	State: District:	op (opo)							
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5	SUBTOTAL of Disbursements This Page (optional)							7458	3.08
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١٦	'OTAL This Period (last page this line number only).						7		

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PA	GE 355 OF 385			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
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NAME OF COMMITTEE (In Full)							
BORDER HEALTH FEDERAL PAC	,						
Full Name (Last, First, Middle Initial)							
A. Ms Eliza Alvardo			Date of Disbursement	YYY			
Mailing Address 1303 W. Kiwi #4			04 09	2013			
,	tate Zip Code		Transaction ID : SB21B.	22376			
	TX 78577		11a113a6ti011 ID . 3D2 IB.	£231 U			
Purpose of Disbursement contract services - salary expenditure		001	Amount of Each Disburser	ment this Period			
Candidate Name		Category/		2486.02			
Office Sought: House	pont For:	Туре		_100.02			
Office Sought: House Disburser Senate	ent For: Primary General						
	Other (specify)						
State: District:	• • • • •						
Full Name (Last, First, Middle Initial)							
B. Ms Eliza Alvardo			Date of Disbursement	V - V - V			
Mailing Address 1303 W. Kiwi #4			04 22	2013			
•	itate Zip Code TX 78577		Transaction ID : SB21B.	22378			
Purpose of Disbursement contract services - salary expenditure		001	Amount of Each Disburser	ment this Period			
Candidate Name			Amount of Each Disbursement this 1				
		Category/ Type		2486.02			
Office Sought: House Disbursem							
	Primary General						
State: President District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. Ms Eliza Alvardo			Date of Disbursement				
Mailing Address 1303 W. Kiwi #4			05 06 Y	2013			
				20.0			
•	tate Zip Code		Transaction ID : SB21B.	22379			
Pharr Purpose of Disbursement	TX 78577						
contract services - salary expenditure		001	Amount of Each Disburser	ment this Period			
Candidate Name		Category/ Type	, another to Each Disbulser	2486.04			
Office Sought: House Disbursem	nent For:	.,,,,					
	Primary General						
President	Other (specify) ▼						
State: District:							
OUDTOTAL of Division in Time 5				7458.08			
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TOTAL This Period (last page this line number only).]			

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S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 35							356	OF	385			
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check of					(check only one)							
			Summary Page		×	21b	22		23		24	25		26
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\setminus	NAME OF COMMITTEE (In Full)													
	BORDER HEALTH FEDERAL PAC	;												
_	Full Name (Last, First, Middle Initial)													
Α.	Ms Eliza Alvardo						Date of	of Di	sburse			YIY	Υ	
	Mailing Address 1303 W. Kiwi #4						05		2	1	L	2013		
	,	State	Zip Code				Tran	eact	ion ID	. 61	B21B.22	380		
	Pharr	TX	78577				IIaii	Saci	טו ווטו	. 3	DZ 1 D.ZZ	.300		
	Purpose of Disbursement contract services - salary expenditure			(001		Amou	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name				egor	y/			-			2480	5.02	
	Office Sought: House Disbursen	nent For:	1						,		,			
		Primary	General											
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_	State: District:													
D	Full Name (Last, First, Middle Initial)						Data	-t D:	_		-1			
Ь.	Ms Eliza Alvardo						Date of							
	Mailing Address 1303 W. Kiwi #4						06	/		3	/ Y	2013	Y	
	City	State	Zip Code											
	Pharr	TX	78577				Tran	sact	ion ID	: S	B21B.22	2381		
	Purpose of Disbursement contract services - salary expenditure				001	\neg	Amou	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name			Cat	egor	v/	0.400.00							
				,,		_	7	_	7	248	5.02			
	Office Sought: House Disbursen													
		Primary	General											
	President State: District:	Other (speci	ity) 🔻											
_	Full Name (Last, First, Middle Initial)													
C.	Ms Eliza Alvardo						Date of	of Di	sburse	emei	nt			
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	Mailing Address 1303 W. Kiwi #4						06	4	1	7		2013	_	
	City	State	Zip Code				Tran	eact	ion ID		B21B.22	383		
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	Purpose of Disbursement contract services - salary expenditure				004	71								
	Candidate Name				001	-41	Amou	nt of	Each	Dis	burseme	ent this	Perio)d
	Candidate Name				egor	y/						2486	5.02	
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		Primary	General											
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ΙŢ	'OTAL This Period (last page this line number only)							-	7		7			

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 357 OF 385									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	eck only one)								
	Detailed Summary Page	X 21b 27	22 23 24 25 28c 29								
Any information copied from such Reports and State	ments may not be sold or use										
or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
$ \; angle$ BORDER HEALTH FEDERAL PA	C										
Full Name (Last First Middle Initial)		i									
Full Name (Last, First, Middle Initial) A. ATT			Date of Disbursement								
			M M / D D / Y Y Y Y								
Mailing Address P.O. Box 930170			05 13 2013								
City	State 7in Code										
City Dallas	State Zip Code TX 75393		Transaction ID : SB21B.22433								
Purpose of Disbursement	. 3333										
telephone land lines		001	Amount of Each Disbursement this Period								
Candidate Name		Category/	245.96								
Office Sought: House Disburse	ment For:	Туре	_ 10.00								
Senate Disburse	Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)											
B. ATT			Date of Disbursement								
Mailing Address P.O. Box 930170			06 20 2013								
ag / 100/000 F.O. DOX 9501/0			20 2010								
City	State Zip Code		Transaction ID : SB21B.22445								
Dallas Purpose of Disbursement	TX 75393										
telephone land lines		001	Amount of Each Disbursement this Period								
Candidate Name		Category/									
		Type	248.32								
	ment For:										
Senate President	Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)											
C. Cameo Parking Systems Inc			Date of Disbursement								
			M M / D D / Y Y Y Y								
Mailing Address 1311 E. Hackberry Avenue			04 09 2013								
City	State Zip Code										
McAllen	TX 78501		Transaction ID : SB21B.22420								
Purpose of Disbursement fundraiser expenditure		000									
Candidate Name		003	Amount of Each Disbursement this Period								
Cardidate Harris		Category/ Type	1195.67								
Office Sought: House Disburse	ment For:	. 7									
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
OUDTOTAL of Distance of Till Door of the Distance of Till Door			1689.95								
SUBTOTAL of Disbursements This Page (optional).		······	1000.00								

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 358 OF 3											
IT	EMIZED DISBURSEMENTS	Use separate sche for each category	(check only											
	· ·	Detailed Summary		X 21b	22	23	24	25	26					
_				27	28a	28b	28c	29	30b					
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	NAME OF COMMITTEE (In Full)													
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<u></u>	Full Name (Last, First, Middle Initial)													
A.					Date of	Disburser	ment							
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	Mailing Address 1601 N. 7th				04	90	3	2013						
	City	State Zip Cod	le		Transaction ID : SB21B.22413									
	McAllen	TX 78501												
	Purpose of Disbursement		Г											
	rental of chairs, tables, linen		L	003	Amount	ent this f	Period							
	Candidate Name			Category/ Type				1936	5.32					
	Office Sought: House Disbursem	nent For:		Туре		,	,							
		Primary Ge	neral											
	President	Other (specify) ▼												
_	State: District:													
B	Full Name (Last, First, Middle Initial)				Data of	Dichurco	mont							
υ.	Carmen Catering		Date of Disbursement											
	Mailing Address 901 South Cage				04	04		2013						
	City	State Zip Cod	le		Transaction ID : SB21B.22404									
	Pharr	TX 78501			IIalis	action ib	. 30210.2	2404						
	Purpose of Disbursement meals expenditures			003	Amount	of Each I	Disbursemo	ent this F	Period					
	Candidate Name				rinount	Of Eddit i	Diobarocini	one and i	Ciloa					
			Category/ Type		,	,	3085	5.18						
	Office Sought: House Disbursem													
	Senate	neral												
	President State: District:	Other (specify) ▼												
_	Full Name (Last, First, Middle Initial)													
C.	Mr. Juan Carlos Diaz				Date of	Disburser	ment							
					M = M	/ D		ΥΥ	Y					
	Mailing Address 600 Nyssa				04	02		2013						
	City	State Zip Cod	le				00040 0							
	McAllen	TX 78504			Irans	action ID	: SB21B.2	2396						
	Purpose of Disbursement contract services		1.0	001										
	Candidate Name	L		Amount	of Each I	Disbursem	ent this f	Period						
				Category/ Type				900	0.00					
	Office Sought: House Disbursen	nent For:				- 7	- 7							
		,	eneral											
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г	State: District:													
ء ا	SUBTOTAL of Disbursements This Page (optional)							5921	.50					
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 359 OF 385												
	EMIZED DISBURSEMENTS	ZED DICRIDCEMENTS Use separate schedule(s) (check of						NE NUMBER: PAGE 359 OF 365 only one)								
11	LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	_	<i>'</i> '							7 26			
		Detailed	Summary Page	27		28a		28b	H	28c	29		30b			
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	for commercial purposes, other than using the name															
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	Full Name (Last, First, Middle Initial)															
A.	Ms Sandra Escamilla							sburse	men							
	Mailing Address 1418 Quince			\dashv	M M M	1		D 4	/ Y	y y 2013	Y					
	Mailing Address 1416 Quince		01 04 2013													
	City	State	Zip Code	+												
	McAllen	TX	78504		Trans	acti	ion ID	: SB	21B.22	355						
	Purpose of Disbursement				7											
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Peri	od			
	Candidate Name			Category/							72	25.14				
	Office Cought			Type	_		-	7	-	7			_			
	Office Sought: House Disburser Senate		Gonoral													
	President	Primary Other (spec	General													
	State: District:	oniei (shed	oy) ▼													
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	Mo Gariara Escarrilla							M = M / D = D / Y = Y = Y								
	Mailing Address 1418 Quince					01	J i		4	Ĺ.	2013					
	•	State	Zip Code			Trans	sact	ion ID	: SE	321B.22	2356					
	McAllen Purpose of Disbursement	TX	78504		4											
	contract services - salary expenditure			001		Amoun	t of	Each	Dish	urseme	ent this	Peri	od			
Candidate Name							. 51		55	551110		. 511				
			Category/ Type							63	33.51					
	Office Sought: House Disbursen	nent For:		-75-	\dashv											
		Primary	General													
	President	Other (spec	cify) 🔻													
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	Full Name (Last, First, Middle Initial)															
C.	Ms Sandra Escamilla					Date o	f Dis	sburse	men	t						
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	Mailing Address 1418 Quince				01	1	2	5		2013						
	City	State	Zip Code		+											
	McAllen	TX	78504			Trans	sact	ion ID	: SB	21B.22	2357					
	Purpose of Disbursement		\dashv													
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Peri	od			
	Candidate Name															
				Category/ Type				,		,	/1	0.81				
	Office Sought: House Disburser															
	Senate	Primary	General													
	President	Other (spec	city) 🔻													
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_ ا	IIDTOTAL of Bishamons is Till Born (1911)										206	9.46				
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 360 OF 385												
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check of						only one)								
11	LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	<i>'</i> '						25	26				
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A.	Ms Sandra Escamilla						Dis	sburse	ment							
	Moiling Address 4440 October		-	M M	/		D		Y Y	Y						
	Mailing Address 1418 Quince		02 08 2013													
	City	State	Zip Code			_										
	McAllen	TX	78504			Trans	acti	on ID	: SB	21B.22	358					
	Purpose of Disbursement			1												
	contract services - salary expenditure			001	Amount of Each Disbursement this Pe											
	Candidate Name			Category/							74	5.85				
	Office Cought			Туре	4	_	-	7	-	7		5.55				
	Office Sought: House Disburser Senate		Ganaral													
	President	Primary Other (spec	General													
	State: District:	oniei (shed	oy) ▼													
_	Full Name (Last, First, Middle Initial)															
В.						Date of	Dis	sburse	ment	t						
	Mo Gariara Escarrilla		M = M / D = D / Y = Y = Y													
	Mailing Address 1418 Quince				1	02	ľ	2	_		2013					
	•	State	Zip Code			Trans	acti	ion ID	: SB	21B.22	2359					
	McAllen Purpose of Disbursement	TX	78504		4											
	contract services - salary expenditure			001		Amount	of	Fach	Dish	urseme	nt thic	Perio	nd			
Candidate Name									_ 100	501110		. 5110				
			Category/ Type							7′	0.82					
	Office Sought: House Disbursen	nent For:		:75-2	┤ "					,						
		Primary	General													
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_	State: District:															
	Full Name (Last, First, Middle Initial)															
C.	Ms Sandra Escamilla				1	Date of	Dis	sburse	ment	t						
				- 1	M M	/		D		Y Y	Y					
	Mailing Address 1418 Quince					03	J.	Ö	8		2013					
	City	State	Zip Code													
	McAllen	TX	78504			Trans	acti	ion ID	: SB	21B.22	2360					
	Purpose of Disbursement				1											
	contract services - salary expenditure		001					Amount of Each Disbursement this Peri								
	Candidate Name				74											
				Category/ Type				,		,	/1	0.81				
	Office Sought: House Disburser															
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_ ا	IIDTOTAL of Bishamons is Till Born (1911)							-			216	7.48				
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S	CHEDULE B (FEC Form 3X)			FOR LINE	VILIMBED			T	PAGE	361	OF 385	
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	_			L		. 551	2. 000	
11	LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	22		23	2	4	25	<u> </u>	
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A.	Ms Sandra Escamilla				Date o	t Dis	burse	ment				
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	Purpose of Disbursement											
	contract services - salary expenditure			001	Amoun	t of E	Each	Disbu	rseme	nt this	Period	
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	Mailing Address 1418 Quince				04		0			2013		
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	McAllen Purpose of Disbursement	TX	78504									
	contract services - salary expenditure			001	Amoun	t of F	Each	Disbu	rseme	nt this	Period	
	Candidate Name											
				Category/ Type			,		7	73	35.79	
	Office Sought: House Disbursen	nent For:	l									
		Primary	General									
		Other (spec	cify) ▼									
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_	Full Name (Last, First, Middle Initial)				_							
C.	Ms Sandra Escamilla				Date o	t Dis	burse	ment				
	Moiling Address 4440 O.				M M	/	10			γ ∥ γ 2012	Y	
	Mailing Address 1418 Quince				04	-	19	9	نسا	2013		
	City	State	Zip Code									
	McAllen	TX	78504		Trans	sactio	on ID	: SB2	1B.22	363		
	Purpose of Disbursement											
	contract services - salary expenditure			001	Amoun	t of E	Each	Disbu	rseme	nt this	Period	
	Candidate Name			Category/			_		-	71	0.81	
	Office Cought			Туре			,	_	7		J.U I	
	Office Sought: House Disbursen Senate		Concret									
	President	Primary Other (spec	General									
	State: District:	J.1.y/ ▼										
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s	SUBTOTAL of Disbursements This Page (optional)				Ι.		_			215	7.41	
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S	CHEDULE B (FEC Form 3X)			FOR LIN	IE NII	IMPED				PAGE	362	OF	385
	EMIZED DISBURSEMENTS		arate schedule(s)	(check or							_ 552	<u> </u>	555
• •	LIVIIZED DISDUNSEIVIEN IS		category of the	X 21		22		23		24	25		26
		Detailed	Summary Page	27	,	28a		28b	\Box	28c	29	Н	30b
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	Full Name (Last, First, Middle Initial)												
Α.	Ms Sandra Escamilla					Date of	f Dis	sburse	ment				
	Moiling Address 4440 October				-	M M	/		D /		Y Y	Y	
	Mailing Address 1418 Quince					04	٠.	2	4		2013	-	
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	McAllen	TX	78504			Trans	acti	on ID	: SB	21B.22	364		
	Purpose of Disbursement				П								
	contract services - salary expenditure			001		Amoun	t of	Each	Disbu	urseme	nt this	Perio	d
	Candidate Name			Category/							61	7.73	
	0//			Туре			-	7		7		7.70	
	Office Sought: House Disburser Senate		Camanal										
	President	Primary Other (spec	General										
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_	Full Name (Last, First, Middle Initial)												
В.	Ms Sandra Escamilla					Date of	f Dis	burse	ment				
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	Mailing Address 1418 Quince					05		0	_	L.	2013		
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	McAllen Purpose of Disbursement	TX	78504		_								
	contract services - salary expenditure			001		Amoun	t of	Each	Disbı	urseme	nt this	Perio	d
	Candidate Name				ч								
				Category/ Type				7		7	7′	10.81	
	Office Sought: House Disbursen	nent For:	I										
		Primary	General										
		Other (spec	cify) 🔻										
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Ċ.	Ms Sandra Escamilla					Date o	t Dis	sburse	ment				
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	Mailing Address 1418 Quince					0.5		2.	5		2013		
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	McAllen	TX	78504			irans	sacti	סו on	: 2B	21B.22	366		
	Purpose of Disbursement contract services - salary expenditure												
				001		Amoun	t of	Each	Disbu	urseme	nt this	Perio	d
	Candidate Name			Category/							71	0.58	7
	Office Sought: House Disburser	nent For		Туре	\dashv		-	7		7			
	Senate Dispulser	Primary	General										
	President	Other (spec											
	State: District:	V 11-2	- · · ·										
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S	CHEDULE B (FEC Form 3X)			FOR LINE	_ NII	IMPED				PAGE	363	OF	385
	EMIZED DISBURSEMENTS		arate schedule(s)	(check on							_ 555	<u> </u>	
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	Mailing Address 1418 Quince					05	٠.	3			2013	-	
	City	State	Zip Code										
	McAllen	TX	78504			Trans	acti	ion ID	: SB	21B.22	367		
	Purpose of Disbursement												
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Perio	bc
	Candidate Name			Category/							15	1.79	
	000			Туре			-	7	-	7		71.70	
	Office Sought: House Disburser Senate		Camanal										
	President	Primary Other (spec	General										
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	Mailing Address 1418 Quince					06		1	4	Ш.	2013		
	•	State	Zip Code			Trans	sacti	ion ID	: SB	21B.22	2368		
	McAllen Purpose of Disbursement	TX	78504										
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name						-						
				Category/ Type				,		,	73	36.01	
	Office Sought: House Disbursen	nent For:	I										
		Primary	General										
		Other (spec	cify) 🔻										
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Ċ.	Ms Sandra Escamilla					Date o	t Dis	sburse	men				
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	Mailing Address 1418 Quince					ŪŪ.		2.	J		2013	-	
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	McAllen	TX	78504			irans	sacti	וon טו	: 2B	21B.22	369		
	Purpose of Disbursement contract services - salary expenditure												
				001		Amoun	t of	Each	Disb	urseme	nt this	Perio	bc
	Candidate Name			Category/							71	0.58	
	Office Sought: House Disburser	nent For		Туре	\dashv	_	-	7	-	7			
	Senate Dispulser	Primary	General										
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	State: District:	V 1	- · · ·										
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s	UBTOTAL of Disbursements This Page (optional)										159	8.38	
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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:		PAGE 364	1 OF 385
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oncor only	, — ,		7	. —
	Detailed Summary Page	X 21b	22	23	24 25 28c 29	
[27	28a	28b		
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NAME OF COMMITTEE (In Full)						
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Full Name (Last, First, Middle Initial)						
A. Internal Revenue Services			Date of	Disburseme	nt	
			M M	/ D D	/ Y Y Y	Y
Mailing Address 324 25th Street			01	02	2013	
City	Ctata Zin Cada					
City Odgen	State Zip Code UT 84401		Transa	ction ID : S	B21B.22336	
Purpose of Disbursement	01101		-			
quarterly tax deposits - IRS		001	Amount	of Each Dis	bursement this	s Period
Candidate Name		Category/			52	E6 02
		Туре		7	32	256.03
Office Sought: House Disburse Senate	ment For:					
President	Primary General Other (specify)					
State: District:	Culci (opcony)					
Full Name (Last, First, Middle Initial)						
B. Internal Revenue Services			Date of	Disburseme	nt	
			M = M	/ D D	/ Y = Y = Y	Y
Mailing Address 324 25th Street			01	28	2013	
City	State Zip Code		Transa	oction ID : S	B21B.22337	
Odgen	UT 84401		ITALISA	. J. 1011	DZ 1D.ZZ331	
Purpose of Disbursement quarterly tax deposits - IRS		001	Amount	of Each Die	sbursement this	c Pariod
Candidate Name			Amount	OI Lacii Dis	spursement un	5 Fellou
		Category/ Type			50	034.68
Office Sought: House Disburse	ment For:	, ,,	1	,	,	
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Doto of	Disburseme	nt	
C. Internal Revenue Services					/ Y Y Y	
Mailing Address 324 25th Street			02	25	2013	
	State Zip Code		Transa	ction ID : S	B21B.22338	
Odgen Purpose of Disbursement	UT 84401	l	-			
quarterly tax deposits - IRS		001	Amount	of Each Dis	sbursement this	e Pariod
Candidate Name		Category/	Amount	or Edon Bio		
		Type			88	375.22
	ment For:					
Senate President	Primary General					
State: District:	Other (specify) ▼					
2.0.100						
SUBTOTAL of Disbursements This Page (optional)					191	65.93
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Α.	Ms Prisylla Jasso				Date of	Disburser		Y	Y
	Mailing Address 213 Quail Court				01	11	J L.	2013	
	City		Code		Trans	action ID :	SB21B.22	2/12	
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υ.	Ms Prisylla Jasso					_		Y	V
	Mailing Address 213 Quail Court				01	25		2013	T
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	contract services - salary expenditure			001	Amount	of Each [Disburseme	nt this F	Period
	Candidate Name			Category/ Type		-		1938	.83
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C.	Ms Prisylla Jasso				Date of	Disburser	nent		
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	Mailing Address 213 Quail Court				02	08		2013	
	City	state Zip	Code		Trans	aatian ID	SB21B.22	244	
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A.	Ms Prisylla Jasso					Date of	וטו						
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U.	Ms Prisylla Jasso					Date of	וטו:						
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A.	Ms Prisylla Jasso					f Disburse			
	Mailing Address 213 Quail Court				03	2		2013	Y
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	contract services - salary expenditure			001	Amoun	t of Each	Disbursem	ent this	Period
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В.	Ms Prisylla Jasso				Date of	f Disburse	ment		
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	Mailing Address 213 Quail Court				04	0	5	2013	
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	contract services - salary expenditure			001	Amoun	t of Each	Disbursem	ent this	Period
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C.	Ms Prisylla Jasso				Date of	f Disburse	ment		
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	Mailing Address 213 Quail Court				04	1:	9	2013	
	City	State	Zip Code						
		TX	78502		Trans	action ID	: SB21B.2	2349	
	Purpose of Disbursement contract services - salary expenditure								
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	Office Sought: House Disbursen	nent For:		Туре		7	7		
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Α.	Ms Prisylla Jasso				Date of	Disburser		YY	Y
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		State Zip Cod	le		Trans	action ID	SB21B.2	2350	
	McAllen	TX 78502			Hans		. 00210.2	2550	
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υ.	Ms Prisylla Jasso				M = M	/ D		Y	V
	Mailing Address 213 Quail Court				05	20		2013	
	•	State Zip Cod	le		Trans	action ID	: SB21B.2	2351	
	McAllen Purpose of Disbursement	TX 78502							
	contract services - salary expenditure			001	Amount	of Each I	Disbursem	ent this f	Period
	Candidate Name			Category/ Type		.,		1365	5.28
	Office Sought: House Disbursen	nent For:							
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	President State: District:	Other (specify) ▼							
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C.	Ms Prisylla Jasso				Date of	Disburser	ment		
	Mailing Address 242.0				M M	/ D		2012	Υ
	Mailing Address 213 Quail Court				05	31		2013	
	City	State Zip Cod	le		Trans	action ID	: SB21B.2	2252	
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	Senate	Primary Ge	eneral						
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A.	Ms Prisylla Jasso				Date o	t Dis	burse	ment			
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	Mailing Address 213 Quail Court				06	-	14	†	-	2013	
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В.	Ms Prisylla Jasso				Date o	f Dis	burse	ment			
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	contract services - salary expenditure			001	Amoun	t of I	Fach	Dishu	rseme	nt this	Period
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	Mailing Address 4100 N. 23rd				05		09	J	1	2013	
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	McAllen	TX	78504		Trans	sacti	on ID	: SB2	1B.22	432	
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	paysmart payroll services			001	Amoun	t of I	Each	Disbu	rsemei	nt this	Period
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	rental of tables, linen, glasses			003	Λ μα α	+ 0.5 -	-l-	Diabo	***	-!حلفاء	Dorina	
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BORDER HEALTH FEDERAL PAI	C											
Full Name (Last, First, Middle Initial)												
A. Valley Alliance of Mentors for Opp	ortunities				Date of	t Disb						
Mailing Address 5221 N McColl Rd					03		12			2013	Y	
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McAllen		78502			Trans	sactio	n ID :	SB	21B.22	388		
Purpose of Disbursement donation			212	\neg								
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McAllen Purpose of Disbursement	17	78504										
office lease expenditure			001		Amoun	t of E	ach [Disbu	urseme	nt this F	Period	
Candidate Name			Categor	ry/						1331	.25	7
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City		Zip Code			Trans	sactio	n ID	· SB	21B.22	434		
McAllen Purpose of Disbursement	TX	78504										
office lease expenditure			001		Amoun	t of E	ach [Disbu	urseme	nt this f	Period	
Candidate Name			Categor	ry/		-	-	_		1331	25	7
Office Sought: House Disburse	ment For:		Туре			7	_	-	7	1001	.20	4
Senate Sought.	Primary	General										
President	Other (specify	√) ▼										
State: District:												
SUBTOTAL of Disbursements This Page (optional)										32662	.50	7
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SCHEDULE B (FEC Form 3X)	FOR LINE N	NUMBER: PAGE 373 OF 385			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	;				
Full Name (Last, First, Middle Initial)					
A. MARK BEGICH			Date of Disbursement		
Mailing Address PO BOX 410			02 21 2013		
•	tate Zip Code AK 99645		Transaction ID : SB23.22386		
Purpose of Disbursement	710 99043				
contribution		011	Amount of Each Disbursement this Period		
Candidate Name MARK BEGICH		Category/ Type	5000.00		
	ent For: 2014	71	, ,		
	Primary General Other (specify) ▼				
State: AK District: 00					
Full Name (Last, First, Middle Initial) B. KEVIN BRADY			Date of Disbursement		
			M M / D D / Y Y Y Y Y		
Mailing Address P.O. Box 8277			05 21 2013		
,	tate Zip Code TX 77387		Transaction ID : SB23.22437		
Purpose of Disbursement contribution		011	Amount of Fook Dishursement this Davied		
Candidate Name		011	Amount of Each Disbursement this Period		
KEVIN BRADY		Category/ Type	5000.00		
	ent For: 2014				
	Primary General Other (specify) ▼				
State: TX District: 08	Strict (specify)				
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. KEVIN BRADY			M M / D D / Y Y Y Y		
Mailing Address P.O. Box 8277			05 21 2013		
	tate Zip Code TX 77387		Transaction ID : SB23.22438		
The Woodlands Purpose of Disbursement contribution	17 77367				
Candidate Name		011	Amount of Each Disbursement this Period		
KEVIN BRADY		Category/ Type	5000.00		
	ent For: 2014				
	Primary General				
State: TX District: 08	Other (specify) ▼				
2.00.00					
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SCHEDULE B (FEC Form 3X)	SCHEDULE B (FEC Form 3X)					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PACE						
/ Full Name (Last, First, Middle Initial)						
A. TONY CARDENAS			Date of Disbursement			
Mailing Address 13173 OSBORNE STREET			01 15 7 2013			
City	tate Zip Code					
PACOMIA	CA 91331		Transaction ID : SB23.22383			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
TONY CARDENAS		Type	5000.00			
Senate President	ent For: 2014 Primary General Other (specify) ▼					
State: CA District: 29						
Full Name (Last, First, Middle Initial) B. TONY CARDENAS			Date of Disbursement			
Mailing Address 13173 OSBORNE STREET			04 05 7 2013			
PACOMIA	tate Zip Code CA 91331		Transaction ID : SB23.22408			
Purpose of Disbursement contribution	Г	011	Amount of Each Disbursement this Period			
Candidate Name TONY CARDENAS	-	Category/ Type	5000.00			
	ent For: 2014	71	,			
President	Primary					
State: CA District: 29						
Full Name (Last, First, Middle Initial) C. TONY CARDENAS			Date of Disbursement			
Mailing Address 13173 OSBORNE STREET			04 05 7 2013			
,	tate Zip Code		Transaction ID : SB23.22409			
PACOMIA Purpose of Disbursement contribution	CA 91331	044				
Candidate Name	011	Amount of Each Disbursement this Period				
TONY CARDENAS	Category/ Type	5000.00				
Office Sought: House Disbursen	ent For: 2016 Primary General Other (specify)	7,1				
State: CA District: 29						
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SCHEDULE B (FEC Form 3X)		FOR LINE	E NUMBER: PAGE 375 OF 385			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)			
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NAME OF COMMITTEE (In Full)						
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Full Name (Last, First, Middle Initial)						
A. HENRY R CUELLAR			Date of Disbursement			
Markey Address (Brown)			MIM / DID / YIYIY			
Mailing Address 1519 Washington Street 2nd Floor Suite 200			04 03 2013			
City	State Zip Code		Townseller ID ODGG CC CC			
LAREDO	TX 78042		Transaction ID : SB23.22402			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period			
Candidate Name			Amount of Lacii Dispulsement this Period			
Henry Cuellar		Category/ Type	5000.00			
	ement For: 2014					
Senate	Primary General					
State: TX District: 28	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. HENRY R CUELLAR			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 1519 Washington Street 2nd Floor Suite 200			04 03 2013			
City LAREDO	State Zip Code TX 78042		Transaction ID : SB23.22403			
Purpose of Disbursement	70072					
contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Henry Cuellar Office Sought:	ement For: 2014	Туре				
Senate Disbulse	Primary Seneral					
President	Other (specify) ▼					
State: TX District: 28	-					
Full Name (Last, First, Middle Initial)			Data of Dishumanasi			
C. PETE GALLEGO			Date of Disbursement			
Mailing Address PO BOX 1781			04 02 _2013 _			
City SAN ANTONIO	State Zip Code TX 78296		Transaction ID : SB23.22397			
Purpose of Disbursement	70290					
contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
PETE GALLEGO	mont For: 2244	Type	3000.00			
Office Sought: House Disburse Senate	ement For: 2014 Primary General					
President	Other (specify)					
State: TX District: 23						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	;					
Full Name (Last, First, Middle Initial)						
A. PETE GALLEGO			Date of Disbursement			
Mailing Address PO BOX 1781			04 02 2013			
,	tate Zip Code		Transaction ID : SB23.22398			
SAN ANTONIO Purpose of Disbursement	TX 78296					
contribution		011	Amount of Each Disbursement this Period			
Candidate Name PETE GALLEGO		Category/	5000.00			
	nent For: 2014	Туре				
Senate	Primary					
State: TX District: 23						
Full Name (Last, First, Middle Initial)						
B. MICHELLE LUJAN GRISHAM			Date of Disbursement			
Mailing Address 1001 LOS ARBOLES AVE NW			04 09 2013			
ALBUQUERQUE	itate Zip Code NM 87107		Transaction ID : SB23.22417			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period			
Candidate Name MICHELLE LUJAN GRISHAM		Category/ Type	5000.00			
Office Sought:	ent For: 2014					
	Primary General Other (specify) ▼					
State: NM District: 01						
Full Name (Last, First, Middle Initial) C. MICHELLE LUJAN GRISHAM			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 1001 LOS ARBOLES AVE NW			04 09 2013			
•	tate Zip Code NM 87107		Transaction ID : SB23.22418			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	Amount of Lacif Disbursement this Period			
MICHELLE LUJAN GRISHAM		Type	5000.00			
Senate	nent For: 2014 Primary General Other (specify)					
State: NM District: 01						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 377 OF 385				
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NAME OF COMMITTEE (In Full)							
$ \; angle$ BORDER HEALTH FEDERAL F	PAC						
Full Name (Leat First Middle Initial)		1					
Full Name (Last, First, Middle Initial) A. LUIS V GUTIERREZ			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 3210 W CULLOM ST			05 24 2013				
City	State Zip Code						
CHICAGO	IL 60641		Transaction ID: SB23.22439				
Purpose of Disbursement							
contribution		011	Amount of Each Disbursement this Period				
Candidate Name LUIS V GUTIERREZ		Category/	5000.00				
	rsement For: 2014	Туре					
Senate	Primary General						
President	Other (specify) ▼						
State: IL District: 04							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
B. LUIS V GUTIERREZ			Date of Disbursement				
Mailing Address 3210 W CULLOM ST			05 31 2013				
City	State Zip Code		Transaction ID : SB23.22440				
CHICAGO Purpose of Disbursement	IL 60641						
contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/					
LUIS V GUTIERREZ		Type	5000.00				
	rsement For: 2014						
Senate President	Primary						
State: IL District: 04	Strict (opcorry)						
Full Name (Last, First, Middle Initial)							
C. RUBEN E HINOJOSA			Date of Disbursement				
Moiling Address 4404 C			M M / D D / Y Y Y Y				
Mailing Address 1404 South Illinois			04 02 2013				
City	State Zip Code		Transaction ID : SB23.22392				
Mercedes	TX 78570		11a115aCtiOi1 ID . 3D23.22392				
Purpose of Disbursement contribution		011	Assessment of Freeh Birth				
Candidate Name		Category/	Amount of Each Disbursement this Period				
RUBEN E HINOJOSA		Type	5000.00				
	rsement For: 2014		,				
Senate President	Primary General						
State: TX District: 15	Other (specify) ▼						
13							
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	NAME OF COMMITTEE (In Full)							
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^	Full Name (Last, First, Middle Initial)				Data	of Diaboura		
Α.	RUBEN E HINOJOSA					of Disburser		
	Mailing Address 1404 South Illinois				04	02		
		State	Zip Code		Tran	saction ID	: SB23.22393	
	Mercedes Purpose of Disbursement	TX	78570				. 0520122000	
	contribution			011	Amou	nt of Each	Disbursement this Period	
	Candidate Name					2. 2007	223.23.10.10.10.10.10.10.10.10.10.10.10.10.10.	
	RUBEN E HINOJOSA			Category/ Type			5000.00	
	Office Sought: House Disbursen	nent For:	2014					
		Primary	General					
		Other (sp	ecify) 🔻					
_	State: TX District: 15							
В.	Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON				Date (of Disburse	ment	
٠.	EDDIE BERNICE JOHNSON				M			
	Mailing Address 3102 MAPLE AVE., #605				04			
	•	State TX	Zip Code		Tran	saction ID	: SB23.22406	
	DALLAS Purpose of Disbursement	17	75201		_			
	contribution			011	Amou	nt of Each	Disbursement this Period	
	Candidate Name			Category/		50		
	EDDIE BERNICE JOHNSON			Type				
	Office Sought: House Disbursen							
		Primary Other (spe	General					
	State: TX District: 30	Other (spi	ecity) 🔻					
_	Full Name (Last, First, Middle Initial)							
C.	EDDIE BERNICE JOHNSON				Date	of Disburse	ment	
					M = 1	/ D	D / Y Y Y Y	
	Mailing Address 3102 MAPLE AVE., #605				04	04	2013	
	City	State	Zip Code					
		TX	75201		Tran	saction ID	: SB23.22407	
	Purpose of Disbursement							
contribution				011	Amou	nt of Each	Disbursement this Period	
	Candidate Name EDDIE BERNICE JOHNSON			Category/			5000.00	
Office Sought: House Disbursement For: 2014		2014	Туре			7		
		Primary	General					
		Other (sp						
	State: TX District: 30	` '	- · · •					
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NAME OF COMMITTEE (In Full)					
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Full Name (Last, First, Middle Initial)					
A. SHEILA JACKSON LEE			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 4412 ALMEDA			04 02 2013		
City	tate Zip Code				
	TX 77004		Transaction ID: SB23.22399		
Purpose of Disbursement					
contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
SHEILA JACKSON LEE Office Sought:	ent For: 2014	Туре	11100		
	Primary General				
	Other (specify) ▼				
State: TX District: 18	·				
Full Name (Last, First, Middle Initial)					
B. SHEILA JACKSON LEE			Date of Disbursement		
Mailing Address 4412 ALMEDA			04 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
			5. 02 2010		
	tate Zip Code		Transaction ID : SB23.22400		
HOUSTON Purpose of Disbursement	TX 77004				
contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
SHEILA JACKSON LEE		Type	5000.00		
	ent For: 2014				
	Primary General				
State: TX District: 18	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. OLSON FOR CONGRESS COMMI	TTEE		Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 16381			05 20 2013		
City	tate Zip Code				
Sugar Land	ΓX 77496		Transaction ID: SB23.22435		
Purpose of Disbursement contribution		011			
Candidate Name		011	Amount of Each Disbursement this Period		
PETER G OLSON		Category/ Type	5000.00		
	ent For: 2014	.,,,,			
	Primary General				
	Other (specify) ▼				
State: TX District: 22					
			15000.00		
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I \	ALTH FEDERAL PAC	_							
BONDLINILA	ALIIII LULNAL FAC	,							
Full Name (Last, Firs	st, Middle Initial)								
A. OLSON FOR	CONGRESS COMM	ITTEE			Date of	Disbursem	ent		
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Mailing Address PO	Box 16381				05	20	2	013	_
City		State Zip Code	<u> </u>						
Sugar Land		TX 77496			Transa	action ID :	SB23.22436	6	
Purpose of Disburser	ment								
contribution				011	Amount	of Each D	isbursemen	t this Pe	eriod
Candidate Name PETER G OLS	SON		С	ategory/				5000.0	00
Office Sought:		ment For: 2014		Туре		7	7		
Z	Senate	Primary Sen	eral						
	President	Other (specify) ▼							
State: TX Di	strict: 22								
Full Name (Last, Firs	•								
B. RAUL DR RU	IZ				Date of	Disbursem			
Mailing Address 700	270 001 INTDV 01 1 ID DDIVE "	4004			M M M	/ D D		013	7
Mailing Address 733	373 COUNTRY CLUB DRIVE #	1904			03	26		013	_
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PALM DESERT		CA 92260			Halls	action iD .	3023.2239	J	
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Candidate Name			ᆜᆫ		Amount	OI Eacil D	isbursemen	i iiiis re	Hou
RAUL DR RU	IZ		C.	ategory/ Type				5000.0	00
Office Sought:		ment For: 2014		71-		,	,		
		Primary Gen	eral						
	President	Other (specify) ▼							
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Full Name (Last, First	,				Date of	Disbursem	ent		
C. RAUL DR RU	IZ				M M	/ D D		Y Y Y	_
Mailing Address 733	73 COUNTRY CLUB DRIVE #	1904			03	26		013	
City	;	State Zip Code			Trans	action ID :	SB23.2239	1	
PALM DESERT Purpose of Disburser	ment	CA 92260							
contribution				011	Amount	of Each D	isbursemen	t this Pa	eriod
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RAUL DR RU	IZ			Type				5000.0	00
Office Sought:	Y	ment For: 2014				,	,		
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A JUAN C. VARGAS Mailing Address 5429 MADISON AVE City State Zip Code CA 95841 Purpose of Disbursement Contribution Candidate Name JUAN C. VARGAS Office Sought: Yelsous Disbursement Contribution Candidate Name JUAN C. VARGAS Mailing Address 5429 MADISON AVE City SaCRAMENTO City State Zip Code CA 95841 Primary General								
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 Pull) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. JUAN C. VARGAS Mailing Address 5429 MADISON AVE City State Zip Code CA 95941 Purpose of Disbursement For: 2014 Senate Primary City State Zip Code CA 95941 Purpose of Disbursement For: 2014 Schalabor Frimary City State Zip Code CA 95941 Purpose of Disbursement Contribution Cardidate Name Clast, First, Middle Initial) Date of Disbursement Other (specify) ▼ Date of Disbursement Other (specify) ▼ Date of Disbursement Date of Disbu	Δ	by information copied from such Departs and Chite-	onto mo:	not be sold as				
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. JUAN C. VARGAS Mailing Address 5429 MADISON AVE City State Zip Code CA 95841 Purpose of Disbursement contribution Candidate Name JUAN C. VARGAS Office Sought: House President Senate President Contribution Candidate Name Clast, First, Middle Initial) B. JUAN C. VARGAS Office Sought: House Senate President Contribution Candidate Name Clast, First, Middle Initial) B. JUAN C. VARGAS Office Sought: House Senate President Contribution Candidate Name Clast, First, Middle Initial) Senate President Contribution Candidate Name Clast, First, Middle Initial) Senate President Contribution City Malling Address PO BOX 50084 City FORT WORTH TX 78105 Purpose of Disbursement Disbursement For: 2014 Malling Address PO BOX 50084 City Malling Address PO BOX 50084 Amount of Each Disbursement For: 2014 Amount of Each Disbursement For: 2014 Amount of Each Disbursement For: 2014								
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NAME OF COMMITTEE (In Full)					
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Full Name (Last, First, Middle Initial)					
A. FILEMON MR. VELA			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 333 EBONY AVENUE			04 05 2013		
City	State Zip Code				
BROWNSVILLE	TX 78520		Transaction ID : SB23.22410		
Purpose of Disbursement contribution					
Candidate Name		011	Amount of Each Disbursement this Period		
FILEMON MR. VELA		Category/ Type	5000.00		
_	sement For: 2016	Туро			
Senate	Primary General				
President	Other (specify) ▼				
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Mailing Address 333 EBONY AVENUE			04 05 2013		
City	State Zip Code		Transaction ID : SB23.22411		
BROWNSVILLE Purpose of Disbursement	TX 78520				
contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
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Office Sought: House Disburs	sement For: 2014 Primary General				
President	Other (specify)				
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Full Name (Last, First, Middle Initial)					
C. FILEMON MR. VELA			Date of Disbursement		
Mailing Address 333 EBONY AVENUE			06 03 2013		
City	State Zip Code TX 78520		Transaction ID : SB23.22442		
BROWNSVILLE Purpose of Disbursement	TX 78520				
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SCHEDULE B (FEC Form 3X)	Han annual colored C.	FOR LINE NUMBER: PAGE 383 OF 38			
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Mailing Addross B.O.Bay 747			M M / D D	2012	
Mailing Address P.O.Box 747			04 22	2013	
City	State Zip Code		Transaction ID - SE	220 22/27	
San Juan	TX 78589		Transaction ID : SE	023.22421	
Purpose of Disbursement donation to church		012	Amount of Each Disk	oursement this Period	
Candidate Name			, Grant or Edon Diok	and I did	
		Category/ Type		5000.00	
	ment For:				
Senate President	Primary General Other (specify) ▼				
State: District:	Other (Specify)				
Full Name (Last, First, Middle Initial)					
B. Congressional Hispanic Caucus Ir	nstitute		Date of Disbursemen	t	
			M M / D D	/	
Mailing Address 911 2nd Street NE			05 08	2013	
City	State Zip Code		Transaction ID : SE	220 22/24	
Washington	DC 20002		Hansaction ID: St	DZJ.ZZ43 I	
Purpose of Disbursement donation		012	Amount of Each Disk	oursement this Pariod	
Candidate Name			, and an each bloc	a. Someric and Toriou	
		Category/ Type		25000.00	
Office Sought: House Disburse	ment For:				
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursemen	t	
			M M / D D	/	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Candidate Name	0.11.11.1	Amount of Each Disk	oursement this Period		
		Category/ Type			
Office Sought: House Disburse	ment For:		7		
Senate	Primary General				
State: District:	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				30000.00	
- 2270 712 o. Sissardomonio mis rage (optional).					
TOTAL This Period (last page this line number only)		1	30000.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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	9
X	10

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 State Zip Code McAllen 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 900.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 City State Zip Code McAllen 78502 TX Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 900.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 1800.00 1) SUBTOTALS This Period This Page (optional)..... 1800.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 1800.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

1mage# 13964473661 PAGE 385 / 385

: 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.