

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) ▼

612 W. Nolana Suite 340

☐ Check if different than previously reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00415752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer

Ernie Perez

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y 06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 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	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

219972.50

219972.50

(ii) Unitemized

35578.03

35578.03

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

255550.53

255550.53

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

255550.53

255550.53

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

255550.53

255550.53

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

255550.53

255550.53

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	146609.90	146609.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	146609.90	146609.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150000.00	150000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	30000.00	30000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	326609.90	326609.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	326609.90	326609.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	255550.53	255550.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	255550.53	255550.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	146609.90	146609.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	146609.90	146609.90

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

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:

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

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

FOR LINE NUMBER: PAGE 7 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20732

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21054

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21376

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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

FOR LINE NUMBER: PAGE 8 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21692

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22013

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20421

Amount of Each Receipt this Period

250.00

contribution

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

500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20734

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21056

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21378

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21694

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22015

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20735

Amount of Each Receipt this Period

150.00

contribution

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

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

650.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21057

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21379

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21695

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 12 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22016

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20423

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20736

Amount of Each Receipt this Period

250.00

contribution

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21058

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21380

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21696

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22017

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20424

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20737

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21059

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21381

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21697

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22018

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20427

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20740

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21062

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21384

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21700

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22021

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2013

Transaction ID : SA11AI.20429

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : SA11AI.20742

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21064

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21386

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21702

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 20 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22023

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21065

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21387

Amount of Each Receipt this Period

100.00

contribution

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

450.00

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

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

FOR LINE NUMBER: PAGE 21 OF 385

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21703

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22024

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City	State	Zip Code
Mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21704

Amount of Each Receipt this Period

50.00

contribution

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

250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 385

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06			21			2013					

Transaction ID : SA11AI.22025

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
01			10			2013					

Transaction ID : SA11AI.20432

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
02			22			2013					

Transaction ID : SA11AI.20744

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21067

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21389

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21705

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22026

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

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)

C. Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22027

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21071

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21392

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21708

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21072

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21393

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21709

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22029

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21073

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21394

Amount of Each Receipt this Period

75.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21710

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22030

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.20439

Amount of Each Receipt this Period

250.00

contribution

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20768

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21075

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21396

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21712

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22032

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21713

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22033

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto A. Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21077

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Roberto A. Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21398

Amount of Each Receipt this Period

100.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21714

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22034

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20442

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20745

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21078

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21399

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21715

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22035

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21716

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22036

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20772

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21080

Amount of Each Receipt this Period

125.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21401

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21717

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22037

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20446

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20747

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21081

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21402

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21718

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22038

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20447

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20773

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21082

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21403

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21719

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22039

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21720

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22040

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20449

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20748

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21084

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21405

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21721

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22041

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20450

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20749

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21085

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21406

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21722

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22042

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20451

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20750

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21086

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21407

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21723

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22043

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21724

Amount of Each Receipt this Period

50.00

contribution

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

850.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22044

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20777

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21089

Amount of Each Receipt this Period

125.00

contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21410

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21726

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Erasto Canales

Mailing Address 105 Bluebird

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22046

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21727

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22047

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20457

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20751

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21092

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21413

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

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

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21729

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

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

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22049

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonel Cantu

Mailing Address 2102 Deborah

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

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21731

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

Use separate schedule(s)
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Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22051

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

self-employee

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21732

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

self-employee

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22052

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.21097

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21418

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21734

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22054

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20463

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20752

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21098

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21419

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
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)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID : SA11AI.22055

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.20464

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : SA11AI.20753

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21736

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Marissa Castaneda

Mailing Address 5021

Elk Lane

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21738

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Marissa Castaneda

Mailing Address 5021

Elk Lane

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 21 2013

Transaction ID : SA11AI.22057

Amount of Each Receipt this Period

50.00

contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 59 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20467

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20754

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21102

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21422

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21741

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22059

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.20755

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

Transaction ID : SA11AI.21103

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.21423

Amount of Each Receipt this Period

125.00

contribution

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

375.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21742

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22060

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R. ChandrasekharanMailing Address 1210 East 8th street
suite 1

City	State	Zip Code
weslaco	TX	78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : SA11AI.20756

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. ChandrarasekharanMailing Address 1210 East 8th street
suite 1

City	State	Zip Code
weslaco	TX	78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.21104

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R. ChandrarasekharanMailing Address 1210 East 8th street
suite 1

City	State	Zip Code
weslaco	TX	78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21424

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R. ChandrarasekharanMailing Address 1210 East 8th street
suite 1

City	State	Zip Code
weslaco	TX	78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21743

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22061

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21426

Amount of Each Receipt this Period

100.00

contribution

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

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

325.00

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

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

FOR LINE NUMBER: PAGE 65 OF 385

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21745

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22063

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.20789

Amount of Each Receipt this Period

125.00

contribution

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

325.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21107

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21427

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21746

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22064

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21108

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21428

Amount of Each Receipt this Period

100.00

contribution

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21747

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22065

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.20757

Amount of Each Receipt this Period

200.00

contribution

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21109

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21429

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21748

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22066

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21749

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22067

Amount of Each Receipt this Period

50.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.20476

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.20791

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21111

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21431

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21750

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22068

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21751

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22069

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. James Darling

Mailing Address 1225 E Peking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.20793

Amount of Each Receipt this Period

150.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21113

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21433

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21752

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22071

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20479

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20794

Amount of Each Receipt this Period

250.00

contribution

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21114

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21434

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21753

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
 mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 21 2013

Transaction ID : SA11AI.22072

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21754

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 21 2013

Transaction ID : SA11AI.22073

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20481

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20796

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21116

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21436

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21755

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22074

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20798

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21118

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21438

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21757

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22076

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21119

Amount of Each Receipt this Period

100.00

contribution

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

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

400.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21439

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21758

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22077

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21759

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22078

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20488

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20802

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21122

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21442

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21761

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 21 2013

Transaction ID : SA11AI.22080

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21763

Amount of Each Receipt this Period

50.00

contribution

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

550.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22082

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20491

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20805

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21125

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21445

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 17 2013

Transaction ID : SA11AI.21764

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City

mcallent

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11AI.22083

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

Transaction ID : SA11AI.21126

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

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 only)..... ►

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21765

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22084

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20493

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 90 OF 385
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20807

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21127

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21766

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22085

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City	State	Zip Code
McAllen	TX	78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	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 only)..... ►

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

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

FOR LINE NUMBER: PAGE 92 OF 385
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20808

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21128

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21448

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	3

Transaction ID : SA11AI.21767

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11AI.22086

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

Transaction ID : SA11AI.21129

Amount of Each Receipt this Period

100.00

contribution

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

600.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21449

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21768

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 21 2013

Transaction ID : SA11AI.22087

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.20496

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.20810

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

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 number only)..... ►

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21450

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21769

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22088

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21772

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22091

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.20500

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20814

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21134

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21454

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	3

Transaction ID : SA11AI.21773

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID : SA11AI.22092

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.20501

Amount of Each Receipt this Period

250.00

contribution

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

1050.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20815

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21135

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21455

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21774

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22093

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20502

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20816

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21136

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21456

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21775

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22094

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20504

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20818

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21138

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21458

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21777

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22096

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21140

Amount of Each Receipt this Period

75.00

contribution

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

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

875.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21460

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.22012

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22098

Amount of Each Receipt this Period

75.00

contribution

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21141

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21461

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21779

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22099

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20508

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20822

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21142

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21462

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21780

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22100

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20511

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20825

Amount of Each Receipt this Period

400.00

contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21145

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21465

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21783

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22103

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Martin Garza

Mailing Address P.O. Box 180

City

Linn

State

TX

Zip Code

78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21784

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Martin Garza

Mailing Address P.O. Box 180

City

Linn

State

TX

Zip Code

78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22104

Amount of Each Receipt this Period

50.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20513

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20827

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21147

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21467

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21785

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22105

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarido North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : SA11AI.20828

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarido North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : SA11AI.21148

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarido North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : SA11AI.21468

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21786

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22106

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21149

Amount of Each Receipt this Period

100.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21469

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21787

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22107

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20516

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20830

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21150

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21470

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21788

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22108

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20517

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20831

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21151

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21471

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21789

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22109

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.21153

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21473

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21791

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22111

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.21154

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21474

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21792

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22112

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21793

Amount of Each Receipt this Period

50.00

contribution

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

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

250.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22113

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20836

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21156

Amount of Each Receipt this Period

200.00

contribution

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

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

450.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21476

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21794

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22114

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21161

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21481

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21799

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22119

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21801

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22121

Amount of Each Receipt this Period

50.00

contribution

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

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

175.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21802

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22122

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City State Zip Code
ednburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20531

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : SA11AI.20845

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : SA11AI.21165

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : SA11AI.21485

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21803

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22123

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20532

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20846

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21166

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21486

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21804

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22124

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20533

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20847

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21167

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21487

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21805

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22125

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20534

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : SA11AI.20848

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : SA11AI.21168

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : SA11AI.21488

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21806

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22126

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21807

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22127

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City

State

Zip Code

Mcallen

TX

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20850

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City

State

Zip Code

Mcallen

TX

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21170

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21490

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21808

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22128

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20538

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20852

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21172

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21492

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21810

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22130

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20540

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20855

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21174

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21494

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21813

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22132

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20541

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20856

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State Zip Code
TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21175

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21495

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21814

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22133

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20542

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20857

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21176

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21496

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21815

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22134

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21816

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22135

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20544

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20859

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21179

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21498

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21817

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22136

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21180

Amount of Each Receipt this Period

75.00

contribution

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

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

875.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21499

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21818

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22137

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21819

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22138

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20549

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City	State	Zip Code
Pharr	TX	78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : SA11AI.20864

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City	State	Zip Code
Pharr	TX	78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.21185

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City	State	Zip Code
Pharr	TX	78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21503

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21822

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22141

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20551

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
 federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20866

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
 federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21187

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
 federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21505

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21824

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22143

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20730

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : SA11AI.20867

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : SA11AI.21188

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : SA11AI.21506

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21825

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22144

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21827

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22145

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20553

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20869

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21190

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21508

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21828

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22146

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21191

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21509

Amount of Each Receipt this Period

100.00

contribution

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

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

450.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21829

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22147

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City	State	Zip Code
Pharr	TX	78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2013

Transaction ID : SA11AI.20555

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20871

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21192

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21510

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21830

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22148

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21511

Amount of Each Receipt this Period

125.00

contribution

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

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

925.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21831

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22149

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21833

Amount of Each Receipt this Period

50.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22151

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21834

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22152

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City

mcAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20560

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City

mcAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20876

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City

mcAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21197

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21516

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21836

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22154

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20561

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20877

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21198

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21517

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21837

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22155

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20878

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21199

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21518

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21838

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22156

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22157

Amount of Each Receipt this Period

40.00

contribution

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

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

440.00

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

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for each category of the
Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21840

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22158

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.20565

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20881

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21202

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21521

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21841

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22159

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. John Kiker

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21842

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Kiker

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22160

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20883

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

c. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21204

Amount of Each Receipt this Period

150.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21523

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21843

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22161

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20568

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20884

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21205

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21524

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21844

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22162

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hossein Lahiji

Mailing Address 801 E. Nolana #20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20731

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hossein Lahiji

Mailing Address 801 E. Nolana #20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20885

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hossein Lahiji

Mailing Address 801 E. Nolana #20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21206

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hossein Lahiji

Mailing Address 801 E. Nolana #20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21525

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hossein Lahiji

Mailing Address 801 E. Nolana #20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21845

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hossein Lahiji

Mailing Address 801 E. Nolana #20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22163

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21846

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22164

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21208

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21527

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21847

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22165

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rodrigo Lema

Mailing Address 124 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21848

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Rodrigo Lema

Mailing Address 124 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22166

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20575

Amount of Each Receipt this Period

400.00

contribution

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20892

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21213

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21532

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21852

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22170

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21214

Amount of Each Receipt this Period

100.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21533

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21853

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22171

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21855

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22173

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21218

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21537

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21857

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22175

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20584

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20903

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21222

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21541

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21861

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22179

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20585

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20904

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21223

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21542

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21862

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22180

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20586

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20905

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21224

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21543

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21863

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22181

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20587

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20906

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21225

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21544

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21865

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22182

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20588

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20907

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21226

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21545

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21866

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22183

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21227

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21546

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21867

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22184

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20590

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20909

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21228

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21547

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21868

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22185

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21869

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22186

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21230

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21549

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21870

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22187

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21873

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
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 only)..... ►

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20596

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20914

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21234

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21553

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21874

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22191

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21875

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22192

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20598

Amount of Each Receipt this Period

400.00

contribution

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20916

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21236

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21555

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21876

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22193

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21237

Amount of Each Receipt this Period

90.00

contribution

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

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

890.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21556

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21877

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22194

Amount of Each Receipt this Period

90.00

contribution

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

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

270.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20603

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20920

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21240

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21559

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21880

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22197

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22198

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21243

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21562

Amount of Each Receipt this Period

100.00

contribution

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

235.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21883

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22200

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21244

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21563

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.22011

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22201

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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for each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21884

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22202

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21246

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

B. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21885

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22203

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2013

Transaction ID : SA11AI.20610

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : SA11AI.20927

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.21247

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21566

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21886

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22204

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20611

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20928

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21248

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21567

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21887

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22205

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20613

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20930

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21250

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21569

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21889

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22207

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21890

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

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)

C. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21252

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 19 / 2013

Transaction ID : SA11AI.21571

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21891

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesse Naranjo

Mailing Address 3301 N. Cynthia Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22209

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21892

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22210

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21254

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21573

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21893

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22211

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21255

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21574

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21894

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22212

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21256

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21576

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21896

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22214

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21257

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21577

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21897

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22215

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21258

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21578

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21898

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22216

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21259

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21579

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21899

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22217

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21900

Amount of Each Receipt this Period

50.00

contribution

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

250.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22218

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Ortiz

Mailing Address 4501 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21902

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Ortiz

Mailing Address 4501 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22220

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 10 / 2013

Transaction ID : SA11AI.20627

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.20942

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21263

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21583

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21903

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22221

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21904

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22222

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando OteroMailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20629

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20944

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21265

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21585

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21905

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22223

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21266

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21586

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21906

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22224

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 385

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21907

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22225

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20632

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20947

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21268

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21588

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21908

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22226

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21589

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21909

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22227

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : SA11AI.21590

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21910

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22228

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20634

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20949

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21591

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21911

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22229

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20950

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21272

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21592

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21912

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21913

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22231

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20637

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20952

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21274

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21594

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21914

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22232

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20638

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20953

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21275

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21595

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21915

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22233

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20954

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21276

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21596

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21916

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22234

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.21045

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21278

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21691

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21918

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22236

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21919

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22237

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21920

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22238

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20644

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20957

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21281

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21600

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21921

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22239

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20647

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 22 2013

Transaction ID : SA11AI.20960

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21284

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21603

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21924

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22242

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21926

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22244

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21287

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21606

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21927

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22245

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22246

Amount of Each Receipt this Period

40.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20652

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20965

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21289

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21608

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21929

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22247

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20653

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20966

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21290

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21609

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21930

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22248

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21931

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22249

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21295

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Shahid Rashid

Mailing Address 112 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21614

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Shahid Rashid

Mailing Address 112 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21935

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Shahid Rashid

Mailing Address 112 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22253

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20972

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21296

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21615

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21936

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22254

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21616

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21937

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20661

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20974

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21299

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21618

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 277 OF 385
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21939

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SA11AI.22257

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City	State	Zip Code
McAllen	TX	78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : SA11AI.21940

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22258

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21301

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21620

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21941

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22259

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20663

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20976

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21302

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21621

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21942

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22261

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20664

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2013

Transaction ID : SA11AI.20977

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2013

Transaction ID : SA11AI.21303

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2013

Transaction ID : SA11AI.21622

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21943

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)

C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City
Santa Rosa

State
TX

Zip Code
78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21944

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22263

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21946

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22265

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Rodriquez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21947

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Rodriquez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22266

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21628

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 385

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21949

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22268

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Ruiz

Mailing Address 2524 James

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21950

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2013			

Transaction ID : SA11AI.22269

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			18			2013			

Transaction ID : SA11AI.21310

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			12			2013			

Transaction ID : SA11AI.21630

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21951

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22270

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20672

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.20983

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21311

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21631

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21952

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22271

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20673

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : SA11AI.20984

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : SA11AI.21312

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : SA11AI.21632

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21953

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22272

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20674

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20985

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21313

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21633

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21954

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22273

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20675

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20986

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21314

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21634

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21955

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22274

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.21956

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22275

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21316

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21636

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mariano Salinas

Mailing Address 2203 Red River

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21957

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mariano Salinas

Mailing Address 2203 Red River

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22276

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20989

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21317

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21637

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21958

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22277

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City

State

Zip Code

mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21318

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City

State

Zip Code

mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21638

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21959

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22278

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20680

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.20991

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21319

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21639

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21960

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22279

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21961

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22280

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20683

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20994

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21322

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21642

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21963

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Seiba

Mailing Address P. O. Box 4556

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22282

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21323

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21964

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22283

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20685

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

600.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.20996

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21324

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21645

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21965

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22284

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Herschel Siberman

Mailing Address 609 Tulip

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21966

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Herschel Siberman

Mailing Address 609 Tulip

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22285

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2013

Transaction ID : SA11AI.21326

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21647

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21967

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 21 2013

Transaction ID : SA11AI.22286

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.21001

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21328

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21649

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21969

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22288

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20690

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21002

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21329

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21650

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21970

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22289

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21333

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21654

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21974

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22293

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21975

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22294

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20697

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21008

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 18 2013

Transaction ID : SA11AI.21336

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 12 2013

Transaction ID : SA11AI.21657

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 10 2013

Transaction ID : SA11AI.21977

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22296

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20700

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21011

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21339

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21660

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21980

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22299

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21341

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21662

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21982

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22301

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20703

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21014

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21342

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21663

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21983

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22302

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20704

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.21015

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21343

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21664

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21984

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22303

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Lourdes Uribe

Mailing Address 801 E. Nolana

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21985

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22304

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21345

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21666

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21986

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22305

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20707

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.21018

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21346

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21667

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21987

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22306

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City State Zip Code
Mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21990

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City State Zip Code
Mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22309

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20711

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : SA11AI.21022

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21350

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21671

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 10 2013

Transaction ID : SA11AI.21991

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.22310

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20714

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21025

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21353

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21674

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 10 / 2013

Transaction ID : SA11AI.21994

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	3

Transaction ID : SA11AI.22313

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City	State	Zip Code
mission	TX	78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	3

Transaction ID : SA11AI.21027

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City	State	Zip Code
mission	TX	78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	3

Transaction ID : SA11AI.21355

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21676

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21996

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22315

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21997

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22316

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21357

Amount of Each Receipt this Period

90.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Villarreal

Mailing Address 901 W. Moore

City	State	Zip Code
pharr	TX	78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

Transaction ID : SA11AI.21678

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City	State	Zip Code
pharr	TX	78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	3

Transaction ID : SA11AI.21998

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City	State	Zip Code
pharr	TX	78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	3

Transaction ID : SA11AI.22317

Amount of Each Receipt this Period

90.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

270.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21030

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21358

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 12 / 2013

Transaction ID : SA11AI.21679

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.21999

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22318

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : SA11AI.20720

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.21031

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 18 2013

Transaction ID : SA11AI.21359

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 12 2013

Transaction ID : SA11AI.21680

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.22000

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22319

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.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 only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.22001

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22320

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21361

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21682

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.22002

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22321

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20725

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21036

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

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 only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21686

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.22006

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22325

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20726

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21037

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21365

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21687

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.22007

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22326

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : SA11AI.20727

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 22 / 2013

Transaction ID : SA11AI.21038

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.21366

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 OF 385

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2013

Transaction ID : SA11AI.21688

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.22008

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11AI.22327

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 385

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2013

Transaction ID : SA11AI.21368

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SA11AI.21690

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.22010

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 OF 385

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11AI.22329

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

219972.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

15

2013

Transaction ID : SB21B.22370

Amount of Each Disbursement this Period

2966.80

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

28

2013

Transaction ID : SB21B.22371

Amount of Each Disbursement this Period

2666.36

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

02

11

2013

Transaction ID : SB21B.22372

Amount of Each Disbursement this Period

5939.90

SUBTOTAL of Disbursements This Page (optional)..... ►

11573.06

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

Category/
Type

2486.02

03 / 12 / 2013

Category/
Type

2486.04

Three digital displays are shown, each with a row of small squares above the digits. The first display shows '03' with squares above the '0' and '3'. The second display shows '25' with squares above the '2' and '5'. The third display shows '2013' with squares above the '0', '1', and '3'.

Category/
Type

2486.02

7458.08

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 355 OF 385

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
04D D D /
09Y Y Y Y Y Y
2013**Transaction ID : SB21B.22376**

Amount of Each Disbursement this Period

2486.02

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
04D D D /
22Y Y Y Y Y Y
2013**Transaction ID : SB21B.22378**

Amount of Each Disbursement this Period

2486.02

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
05D D D /
06Y Y Y Y Y Y
2013**Transaction ID : SB21B.22379**

Amount of Each Disbursement this Period

2486.04

SUBTOTAL of Disbursements This Page (optional)..... ►

7458.08

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 357 OF 385

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ATT

Mailing Address P.O. Box 930170

City	State	Zip Code
Dallas	TX	75393

Purpose of Disbursement
telephone land lines

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2013

Transaction ID : SB21B.22433

Amount of Each Disbursement this Period

245.96

Full Name (Last, First, Middle Initial)

B. ATT

Mailing Address P.O. Box 930170

City	State	Zip Code
Dallas	TX	75393

Purpose of Disbursement
telephone land lines

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2013

Transaction ID : SB21B.22445

Amount of Each Disbursement this Period

248.32

Full Name (Last, First, Middle Initial)

C. Cameo Parking Systems Inc

Mailing Address 1311 E. Hackberry Avenue

City	State	Zip Code
McAllen	TX	78501

Purpose of Disbursement
fundraiser expenditure

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2013

Transaction ID : SB21B.22420

Amount of Each Disbursement this Period

1195.67

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1689.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 359 OF 385

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2013

Transaction ID : SB21B.22355

Amount of Each Disbursement this Period

725.14

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2013

Transaction ID : SB21B.22356

Amount of Each Disbursement this Period

633.51

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		25		2013

Transaction ID : SB21B.22357

Amount of Each Disbursement this Period

710.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2069.46

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

A. Ms Sandra Escamilla

Date of Disbursement

Transaction ID : SB21B.22358

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

745.85

B. Ms Sandra Escamilla

Date of Disbursement

M M / D D / Y Y Y Y
02 22 2013

Transaction ID : SB21B.22359

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

710.82

C. Ms Sandra Escamilla

Date of Disbursement

Transaction ID : SB21B.22360

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

710.81

2167.48

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2013

Transaction ID : SB21B.22361

Amount of Each Disbursement this Period

710.81

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2013

Transaction ID : SB21B.22362

Amount of Each Disbursement this Period

735.79

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2013

Transaction ID : SB21B.22363

Amount of Each Disbursement this Period

710.81

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2157.41

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

04

24

2013

Transaction ID : SB21B.22364

Amount of Each Disbursement this Period

617.73

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

05

03

2013

Transaction ID : SB21B.22365

Amount of Each Disbursement this Period

710.81

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

05

20

2013

Transaction ID : SB21B.22366

Amount of Each Disbursement this Period

710.58

SUBTOTAL of Disbursements This Page (optional)..... ►

2039.12

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2013

Transaction ID : SB21B.22367

Amount of Each Disbursement this Period

151.79

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

Transaction ID : SB21B.22368

Amount of Each Disbursement this Period

736.01

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2013

Transaction ID : SB21B.22369

Amount of Each Disbursement this Period

710.58

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1598.38

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 02 2013**Transaction ID : SB21B.22336**

Amount of Each Disbursement this Period

5256.03

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 28 2013**Transaction ID : SB21B.22337**

Amount of Each Disbursement this Period

5034.68

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
02 25 2013**Transaction ID : SB21B.22338**

Amount of Each Disbursement this Period

8875.22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19165.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2013

Transaction ID : SB21B.22339

Amount of Each Disbursement this Period

4219.60

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2013

Transaction ID : SB21B.22340

Amount of Each Disbursement this Period

4392.35

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Transaction ID : SB21B.22341

Amount of Each Disbursement this Period

6229.86

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14841.81

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

11

2013

Transaction ID : SB21B.22342

Amount of Each Disbursement this Period

1615.03

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

01

25

2013

Transaction ID : SB21B.22343

Amount of Each Disbursement this Period

1938.83

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

02

08

2013

Transaction ID : SB21B.22344

Amount of Each Disbursement this Period

4785.90

SUBTOTAL of Disbursements This Page (optional)..... ►

8339.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
02D D D /
22Y Y Y Y Y Y
2013**Transaction ID : SB21B.22345**

Amount of Each Disbursement this Period

1365.28

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
03D D D /
08Y Y Y Y Y Y
2013**Transaction ID : SB21B.22346**

Amount of Each Disbursement this Period

1365.27

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
03D D D /
22Y Y Y Y Y Y
2013**Transaction ID : SB21B.22347**

Amount of Each Disbursement this Period

1365.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4095.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

03

29

2013

Transaction ID : SB21B.22389

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

04

05

2013

Transaction ID : SB21B.22348

Amount of Each Disbursement this Period

1365.29

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

04

19

2013

Transaction ID : SB21B.22349

Amount of Each Disbursement this Period

1492.07

SUBTOTAL of Disbursements This Page (optional)..... ►

5357.36

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

1492.08

1365.28

1365.28

4222.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013**Transaction ID : SB21B.22353**

Amount of Each Disbursement this Period

1466.71

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013**Transaction ID : SB21B.22354**

Amount of Each Disbursement this Period

1365.27

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2013**Transaction ID : SB21B.22432**

Amount of Each Disbursement this Period

159.07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2991.05

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

Category	Percentage
Do not use a mobile phone	49.80

1582.81

1178.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Valley Alliance of Mentors for Opportunities

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Mailing Address 5221 N McColl Rd

City	State	Zip Code
McAllen	TX	78502

Transaction ID : SB21B.22388Purpose of Disbursement
donation

012

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

30000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Water Tower Village

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Mailing Address 52211 N. McColl Road

City	State	Zip Code
McAllen	TX	78504

Transaction ID : SB21B.22384Purpose of Disbursement
office lease expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1331.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Water Tower Village

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2013

Mailing Address 52211 N. McColl Road

City	State	Zip Code
McAllen	TX	78504

Transaction ID : SB21B.22434Purpose of Disbursement
office lease expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1331.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

32662.50

TOTAL This Period (last page this line number only).....▶

146078.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. MARK BEGICH

Mailing Address PO BOX 410

City PALMER	State AK	Zip Code 99645
----------------	-------------	-------------------

Purpose of Disbursement
contribution

Candidate Name

MARK BEGICHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2013

Transaction ID : SB23.22386

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KEVIN BRADY

Mailing Address P.O. Box 8277

City The Woodlands	State TX	Zip Code 77387
-----------------------	-------------	-------------------

Purpose of Disbursement
contribution

Candidate Name

KEVIN BRADYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2013

Transaction ID : SB23.22437

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KEVIN BRADY

Mailing Address P.O. Box 8277

City The Woodlands	State TX	Zip Code 77387
-----------------------	-------------	-------------------

Purpose of Disbursement
contribution

Candidate Name

KEVIN BRADYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2013

Transaction ID : SB23.22438

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS

Mailing Address 13173 OSBORNE STREET

City PACOMIA	State CA	Zip Code 91331
-----------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

TONY CARDENASCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2013

Transaction ID : SB23.22383

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS

Mailing Address 13173 OSBORNE STREET

City PACOMIA	State CA	Zip Code 91331
-----------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

TONY CARDENASCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

Transaction ID : SB23.22408

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TONY CARDENAS

Mailing Address 13173 OSBORNE STREET

City PACOMIA	State CA	Zip Code 91331
-----------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

TONY CARDENASCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

Transaction ID : SB23.22409

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. HENRY R CUELLAR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2013

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City	State	Zip Code
LAREDO	TX	78042

Purpose of Disbursement
contribution

011

Candidate Name

Henry CuellarCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 28

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB23.22402

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HENRY R CUELLAR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2013

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City	State	Zip Code
LAREDO	TX	78042

Purpose of Disbursement
contribution

011

Candidate Name

Henry CuellarCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 28

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID : SB23.22403

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PETE GALLEG0

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2013

Mailing Address PO BOX 1781

City	State	Zip Code
SAN ANTONIO	TX	78296

Purpose of Disbursement
contribution

011

Candidate Name

PETE GALLEG0Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 23

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB23.22397

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. PETE GALLEG0

Mailing Address PO BOX 1781

City	State	Zip Code
SAN ANTONIO	TX	78296

Purpose of Disbursement
contribution

011

Candidate Name

PETE GALLEG0Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 23

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2013

Transaction ID : SB23.22398

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICHELLE LUJAN GRISHAM

Mailing Address 1001 LOS ARBOLES AVE NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Purpose of Disbursement
contribution

011

Candidate Name

MICHELLE LUJAN GRISHAMCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 01

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2013

Transaction ID : SB23.22417

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MICHELLE LUJAN GRISHAM

Mailing Address 1001 LOS ARBOLES AVE NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Purpose of Disbursement
contribution

011

Candidate Name

MICHELLE LUJAN GRISHAMCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 01

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2013

Transaction ID : SB23.22418

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

BORDER HEALTH FEDERAL PAC

A. LUIS V GUTIERREZ

011

5000.00

LUIS V GUTIERREZ

Category/
Type

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 04

B. LUIS V GUTIERREZ

MM / DD / YYYY

011

5000.00

Candidate Name

LUIS V GUTIERREZ

Category/
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 04

Full Name (Last, First, Middle Initial)

C. RUBEN E HINOJOSA

Mailing Address 1404 South Illinois

City	State	Zip Code
Mercedes	TX	78570

Purpose of Disbursement	contribution

011

Transaction ID : SB23.22392

Amount of Each Disbursement this Period

5000.00

Candidate Name

RUBEN E HINOJOSA

Category/
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 15

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. RUBEN E HINOJOSA

Mailing Address 1404 South Illinois

City	State	Zip Code
Mercedes	TX	78570

Purpose of Disbursement
contribution

Candidate Name

RUBEN E HINOJOSAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2013

Transaction ID : SB23.22393

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. EDDIE BERNICE JOHNSON

Mailing Address 3102 MAPLE AVE., #605

City	State	Zip Code
DALLAS	TX	75201

Purpose of Disbursement
contribution

Candidate Name

EDDIE BERNICE JOHNSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

Transaction ID : SB23.22406

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. EDDIE BERNICE JOHNSON

Mailing Address 3102 MAPLE AVE., #605

City	State	Zip Code
DALLAS	TX	75201

Purpose of Disbursement
contribution

Candidate Name

EDDIE BERNICE JOHNSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2013

Transaction ID : SB23.22407

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. SHEILA JACKSON LEE

Mailing Address 4412 ALMEDA

City
HOUSTONState
TXZip Code
77004Purpose of Disbursement
contribution

011

Candidate Name

SHEILA JACKSON LEECategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: TX

District: 18

Date of Disbursement

M M M /
04D D D /
02Y Y Y Y Y Y
2013**Transaction ID : SB23.22399**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SHEILA JACKSON LEE

Mailing Address 4412 ALMEDA

City
HOUSTONState
TXZip Code
77004Purpose of Disbursement
contribution

011

Candidate Name

SHEILA JACKSON LEECategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: TX

District: 18

Date of Disbursement

M M M /
04D D D /
02Y Y Y Y Y Y
2013**Transaction ID : SB23.22400**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City
Sugar LandState
TXZip Code
77496Purpose of Disbursement
contribution

011

Candidate Name

PETER G OLSONCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: TX

District: 22

Date of Disbursement

M M M /
05D D D /
20Y Y Y Y Y Y
2013**Transaction ID : SB23.22435**

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. OLSON FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2013

Mailing Address PO Box 16381

Transaction ID : SB23.22436

City	State	Zip Code
Sugar Land	TX	77496

Amount of Each Disbursement this Period

Purpose of Disbursement
contribution

011

5000.00

Candidate Name

PETER G OLSONCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 22

Full Name (Last, First, Middle Initial)

B. RAUL DR RUIZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

Transaction ID : SB23.22390

City	State	Zip Code
PALM DESERT	CA	92260

Amount of Each Disbursement this Period

Purpose of Disbursement
contribution

011

5000.00

Candidate Name

RAUL DR RUIZCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 36

Full Name (Last, First, Middle Initial)

C. RAUL DR RUIZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

Transaction ID : SB23.22391

City	State	Zip Code
PALM DESERT	CA	92260

Amount of Each Disbursement this Period

Purpose of Disbursement
contribution

011

5000.00

Candidate Name

RAUL DR RUIZCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 36

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JUAN C. VARGAS

Mailing Address 5429 MADISON AVE

City SACRAMENTO	State CA	Zip Code 95841
--------------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

JUAN C. VARGAS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Transaction ID : SB23.22423

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JUAN C. VARGAS

Mailing Address 5429 MADISON AVE

City SACRAMENTO	State CA	Zip Code 95841
--------------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

JUAN C. VARGAS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

Transaction ID : SB23.22424

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MARC ALLISON VEASEY

Mailing Address PO BOX 50084

City FORT WORTH	State TX	Zip Code 76105
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Purpose of Disbursement
contribution

011

Candidate Name

MARC ALLISON VEASEY

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

Transaction ID : SB23.22412

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 382 OF 385

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. FILEMON MR. VELA

Mailing Address 333 EBONY AVENUE

City BROWNSVILLE	State TX	Zip Code 78520
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Purpose of Disbursement
contribution

Candidate Name

FILEMON MR. VELAOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

Transaction ID : SB23.22410

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FILEMON MR. VELA

Mailing Address 333 EBONY AVENUE

City BROWNSVILLE	State TX	Zip Code 78520
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Purpose of Disbursement
contribution

Candidate Name

FILEMON MR. VELAOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

Transaction ID : SB23.22411

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FILEMON MR. VELA

Mailing Address 333 EBONY AVENUE

City BROWNSVILLE	State TX	Zip Code 78520
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Purpose of Disbursement
contribution

Candidate Name

FILEMON MR. VELAOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : SB23.22442

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

150000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 383 OF 385

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Basilica of Our Lady of San Juan Del Valle

Mailing Address P.O.Box 747

City	State	Zip Code
San Juan	TX	78589

Purpose of Disbursement
donation to church

Candidate Name

012

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2013

Transaction ID : SB29.22427

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Congressional Hispanic Caucus Institute

Mailing Address 911 2nd Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
donation

Candidate Name

012

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2013

Transaction ID : SB29.22431

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30000.00

30000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1800.00

2) **TOTALS** This Period (last page this line number only)..... ►

1800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1800.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.