

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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of **TX**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Perez, Ernie, , ,
Type or Print Name of Treasurer

Signature of Treasurer Perez, Ernie, , , [Electronically Filed] Date **05** / **26** / **2017**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		340544.04
(b) Cash on Hand at Beginning of Reporting Period.....	230524.00	
(c) Total Receipts (from Line 19)	47030.74	568271.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	277554.74	908815.69
7. Total Disbursements (from Line 31).....	31506.12	662767.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	246048.62	246048.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46671.19	517833.78
(ii) Unitemized	359.55	45437.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	47030.74	563271.65
(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)	47030.74	563271.65
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	47030.74	568271.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	47030.74	568271.65

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11506.12	120767.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11506.12	120767.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	542000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	31506.12	662767.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31506.12	662767.07

DETAILED SUMMARY PAGE
of Disbursements

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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)	47030.74	563271.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47030.74	563271.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11506.12	120767.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11506.12	120767.07

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

mmodified description from contract labor to contract services - salary expenditure for clarification.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abdeen, Ziad, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36802

Amount of Each Receipt this Period
125.00

Memo Item contribution

B. Aboujamous, Riad, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1217 Fullerton

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36803

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Abreu, Charity, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1619 heritage lane

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

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36804

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Ricardo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200
E. Xenops

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36805

Amount of Each Receipt this Period
150.00

Memo Item contribution

B. Abreu, Ruben, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 augusta square

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36806

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Aguilera, Juan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 North Cage

City Pharr	State TX	Zip Code 78577
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36807

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alam, S.M. Golam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 E. Savannah #7
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11Al.36808
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

B. Alizy, Sahar, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Martin
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11Al.36809
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Alleyn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 N. 4th
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11Al.36810
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	295.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alleyn, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8330 North Shary Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36811
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Almedia, Hillary, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E. Vermont
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36812
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

C. Ambriz, Alex, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15253 Heather
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36813
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Amyx, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Mynah
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36814
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Apolinario, Jumar, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Santa Erica
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physican
 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
 11 / 18 / 2016
Transaction ID : SA11AI.36815
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Aquino, Eduardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 E. Xenops
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36816
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arce, Daisy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36817
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Argenal, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7512 N. Cynthia Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36818
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. Arias-Viaud, Julio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Santa Paula
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36819
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arrazola, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5114 N. 10th Street

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016

Transaction ID : SA11AI.36820

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane

City Brownsville	State TX	Zip Code 78526
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
 11 / 18 / 2016

Transaction ID : SA11AI.36821

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Assistores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016

Transaction ID : SA11AI.36822

Amount of Each Receipt this Period
75.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aude, Wady Aude, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 E. Fern #E
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36823
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Avila, Felipe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36824
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Aviles, Wilfredo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36825
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ayers, Roberto, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36826
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36827
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Barrera, Marcos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36828
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Barrera, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Frio
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36829
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36831
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36832
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36833
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36834
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Bracamontes, Yvonne, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36835
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Canales, Erasto, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Bluebird
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36836
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Canales, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Marigold
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36837
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Canals, Desi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 Trinity
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36838
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Cantu, Alonzo, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address P.O.Box 2673			Transaction ID : SA11Al.36839
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution	
Name of Employer (for Individual) self-employed		Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cantu, David, , Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 2409 Kiwi			Transaction ID : SA11Al.36840
City McAllen	State TX	Zip Code 78504	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution	
Name of Employer (for Individual) self-employed		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cantu, Leonel, , Dr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 2102 Deborah			Transaction ID : SA11Al.36841
City Edinburg	State TX	Zip Code 78539	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution	
Name of Employer (for Individual) Self employed		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	480.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Melissa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
---	--

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
11	/	18	/	2016

Transaction ID : SA11AI.36842

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Caporusso, Joseph, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 E. Yellowhammer

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36844

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Cardenas, Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36845

Amount of Each Receipt this Period
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36846
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 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
 11 / 18 / 2016
Transaction ID : SA11AI.36847
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36848
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cavazos-Salas, Norma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36849
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Cooper, Virah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36851
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36852
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Cortez, Oscar, , Dr.,		Date of Receipt
Mailing Address 4101 South Burns Drive		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36854
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cortinas, Diana, , ,		Date of Receipt
Mailing Address 1400 Northgate Lane		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36855
Name of Employer (for Individual) self-employed		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cortinas, Guillermo, , ,		Date of Receipt
Mailing Address 1224 Northgate Lane		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36856
Name of Employer (for Individual) self-employed		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36857
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Costa, Hildegardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36858
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Darling, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 E Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36859
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Deanda, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Dorado
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36860
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. De Hoyos, Randy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Yellowstone St
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36861
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

C. De La Garza, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36862
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36865
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Desai, Parul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7004 North 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36866
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Desai, Satish, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7004 North 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36867
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Disque, Laura, , Ms,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.36868
Mailing Address 2020 Anacua Circle		Amount of Each Receipt this Period 50.00
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Disque, Ted, , Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.36869
Mailing Address 501 Iris		Amount of Each Receipt this Period 20.00
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Duran, Alberto, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.36870
Mailing Address 1615 Palazzo		Amount of Each Receipt this Period 400.00
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4650.00	

SUBTOTAL of Receipts This Page (optional).....▶	470.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Elizondo, Oneida, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2411 Durango Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11		18		2016

Transaction ID : SA11AI.36871

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Eshwar, Kothhegal, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Yellow Hammer

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11		18		2016

Transaction ID : SA11AI.36872

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Esparza, Antonio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 W. Yucca

City mcallent	State TX	Zip Code 78504
------------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36873

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Estrellando, Johnny, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2113 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36874

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Falcon, Antonio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2768 Pharmacy Road

City rio grande city	State TX	Zip Code 78582
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36875

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Falcon, Maria Elena, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2212 Westway

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36876

Amount of Each Receipt this Period
250.00

Memo Item 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)	PAGE 30 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Feigl, Alexander, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11Al.36877

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Flores, Marco, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 Primrose

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11Al.36878

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Flores, Melissa, P., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4420 East Mile 17 1/2

City Edinburg	State TX	Zip Code 78542
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11Al.36880

Amount of Each Receipt this Period
25.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Franklin, Raymond, , Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.36881		
Mailing Address 3212 Nightingale Court			Amount of Each Receipt this Period 50.00		
City McAllen	State TX	Zip Code 78504	<input type="checkbox"/> Memo Item contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) selfemployed		Occupation (for Individual) private investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Galindo, Eugenio, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.36882		
Mailing Address 5936 N. Cynthia			Amount of Each Receipt this Period 400.00		
City mcallen	State TX	Zip Code 78504	<input type="checkbox"/> Memo Item contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) self-employed		Occupation (for Individual) physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garcia, Elvin, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016 Transaction ID : SA11AI.36883		
Mailing Address 2800 Santa Teresa			Amount of Each Receipt this Period 400.00		
City mission	State TX	Zip Code 78572	<input type="checkbox"/> Memo Item contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) self-employed		Occupation (for Individual) physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 4650.00			

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36884
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Garcia, Nancy, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1409 Dora Jeanne Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36886
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

C. Garcia, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36887
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	670.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Garcia, Ricardo, , Dr.,		Date of Receipt
Mailing Address 6108 North 5th Street		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36889
Name of Employer (for Individual) self-employed		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="text" value="1200.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Samuel, , Dr.,		Date of Receipt
Mailing Address 137 E. Guardiaia		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36890
Name of Employer (for Individual) self-employed		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="text" value="1200.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garcia, Teresa Maria, , Ms,		Date of Receipt
Mailing Address 6001 N. 36th Street		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36891
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period
Occupation (for Individual) investor		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia-Cantu, Carlos, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36892
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Garza, Anna, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3212 S Boyce Circle
 City Donna State TX Zip Code 78557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36894
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

C. Garza, James, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36895
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36896

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Garza, Rene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36897

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Garza-Montalvo, Ayda, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2311 Silvardo North

City Palmhurst	State TX	Zip Code 78539
-------------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) self-employee 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
11	/	18	/	2016

Transaction ID : SA11AI.36899

Amount of Each Receipt this Period
125.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza-Tamez, Jesus, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 W. Gardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36900
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36901
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. George, Sathiyaraj, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 Solera
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36902
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gillett, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36904
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Giraldo, Alvaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W. Flamingo
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36905
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Gomez, Felipe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36906
 Amount of Each Receipt this Period
 50.00
 Memo Item 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: (check only one)	PAGE 38 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36907

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Gomez, Marco, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Biltmore

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36908

Amount of Each Receipt this Period
35.00

Memo Item contribution

C. Gomez-Martinez, Marissa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1203 Esther

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36910

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Gonzales, Michael, , Mr.,		Date of Receipt
Mailing Address 204 Valenca		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.36911
Name of Employer (for Individual) selfemployed		Occupation (for Individual) private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Ada, , ,		Date of Receipt
Mailing Address P.O. Box 9817		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.36912
Name of Employer (for Individual) selfemployed		Occupation (for Individual) private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="75.00"/>
		<input type="checkbox"/> Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Aida, , Ms,		Date of Receipt
Mailing Address 311 E. Davis		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.36913
Name of Employer (for Individual) selfemployed		Occupation (for Individual) private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gonzalez, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Monaco Drive
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36914
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36915
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36916
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gonzalez-Dickson, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Meadwood
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36917
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36918
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36919
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36920
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Guerra, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 S. Broadway
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36921
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36923
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gummadi, Sarada, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36924
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Gutierrez, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 Wisconsin
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36925
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36926
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Gutierrez, Miguel, , ,			Date of Receipt
Mailing Address 224 Lindberg			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.36927
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guzman, Anna, Lisa, ,			Date of Receipt
Mailing Address P.O. Box 720235			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36928
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician assistant	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Guzman, Edwardo, , Dr.,			Date of Receipt
Mailing Address 2308 Highway 83 suite f			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Penitas	State TX	Zip Code 78573	Transaction ID : SA11AI.36929
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) self-employee		Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36930
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 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
 11 / 18 / 2016
Transaction ID : SA11AI.36931
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Hensler, Blake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36932
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hensler, Monica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3414 Princess Street

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36933

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Hernandez, Ambrosio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Dana

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36934

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Hernandez, Lisa Maria, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3823 Inez

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36935

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	445.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hernandez, Maximiliano, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36936
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Hoffman, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36937
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Honrubia, Dynio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36938
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Honrubia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36939
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Husain, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7020 N. 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36940
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Iglesias, Norma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36941
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36942
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Irigoyen, Fructuoso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 S. 'G' Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36943
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Jacobson, Marina, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 Doherty
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36944
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jain, Dinesk, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6208 N. Cynthia

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36945

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Jinenez-Flores, Danielle, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4212 Lebanon

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36946

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Jordan, Belinda, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2621 Trenton

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.36947

Amount of Each Receipt this Period
50.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Joule, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 S H Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36948
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36949
 Amount of Each Receipt this Period 250.00
 Memo Item contributon

C. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36950
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36951
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36952
 Amount of Each Receipt this Period
 40.00
 Memo Item contribution

C. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36953
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36954
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Kiker, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36955
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Klenz, Mary Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36956
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36957
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Leal, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36959
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36960
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lema, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Canary
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36961
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Lin, Rick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5112 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36964
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Linan, Enrique, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36965
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 120
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 11 / 25 / 2016
Transaction ID : SA11AI.36966
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36967
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Lizardo, Segundo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Amethyst Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36968
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Loggiodice, Nelson, , Mr.,		Date of Receipt
Mailing Address 3098 N. Jackson Rd		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36970
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation (for Individual) investor		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loja, Wilmer, , Dr.,		Date of Receipt
Mailing Address 105 E. Yellowhammer		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36971
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lopez, Alfredo, , ,		Date of Receipt
Mailing Address 7609 N. 24th Circle		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.36973
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="230.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lopez, Julio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 6th E. Street

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36974

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Lopez, Pamela, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 N. Gay Drive

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36975

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Lozano, Sergio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Spicewood Drive

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36976

Amount of Each Receipt this Period
25.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mangi, Salil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36978
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Mangoo-Karim, Roberto, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 Sundown Ct
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.36979
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36980
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36981
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36982
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36983
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36984
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Mata, Israel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36985
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Mata, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.36986
 Amount of Each Receipt this Period 100.00
 Memo Item 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: (check only one)	PAGE 62 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. McNutt, Kimberely, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7716 N. 27th

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11		18		2016

Transaction ID : SA11AI.36988

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Media, Javier, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 Oakwood Lane

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11		18		2016

Transaction ID : SA11AI.36989

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Medina, Bertha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36990

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Medina, Camen Martha, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 509 E. Yucca

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36991

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36992

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Mehkri, Intiaz, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7120 Ware Road

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2016

Transaction ID : SA11AI.36993

Amount of Each Receipt this Period
90.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mendez, Salvador, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 SE Greenbriar Square

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36995

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Mercado, Manuel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 Santa Susana

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36996

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Meyer, Scott, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 School Lane

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.36997

Amount of Each Receipt this Period
35.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Milano, Emil, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.36998
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Mohamed, Carlos, N, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37000
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Mohamed, Samira, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Heron
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37001
 Amount of Each Receipt this Period 50.00
 Memo Item 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: (check only one)	PAGE 66 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mohan, Aparna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7808 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37002
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

B. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37003
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37004
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	530.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Montanez, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S. W. Augusta Square
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37005
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37006
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37008
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Moreno, LeRoy, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6908 N. 31st

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37009

Amount of Each Receipt this Period
19.09

Memo Item contribution

B. Najaraj, Namitha, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2605 San Lucas

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37010

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Nandipaty, Sivakumari, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37011

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	94.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. O'Callaghan, William, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37012

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ochoa, Alfonso, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37013

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ochoa, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1920 Treasure Oak Drive

City Harlingen	State TX	Zip Code 78550
-------------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37014

Amount of Each Receipt this Period
25.00

Memo Item 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ochoa, Ricardo, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11Al.37015

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

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
11	/	18	/	2016

Transaction ID : SA11Al.37016

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Oabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11Al.37017

Amount of Each Receipt this Period
50.00

Memo Item 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: (check only one)	PAGE 71 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Oliveira, Noel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9917 Bentsen Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37018
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Orfanos, Athanaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37019
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37020
 Amount of Each Receipt this Period
 50.00
 Memo Item 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: (check only one)	PAGE 72 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ortega, Jose, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2504 Xanthisma
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37021
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

B. Ortiz, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37022
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Osio, Armando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37023
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Osorio-Castillo, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 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
 11 / 18 / 2016
Transaction ID : SA11AI.37024
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

B. Otero, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37025
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37026
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Padilla, Juan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address p.o. box 3702

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37027

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Palacios, Esteban, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

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
11	/	25	/	2016

Transaction ID : SA11AI.37028

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Palimar, Prakash, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 Canary

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37029

Amount of Each Receipt this Period
250.00

Memo Item 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)	PAGE 75 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 25 / 2016
Transaction ID : SA11AI.37030
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Pean, Harold, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Brazos
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37031
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Pechero, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2312 La Condesa
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37032
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

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

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

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
11	/	18	/	2016

Transaction ID : SA11AI.37033

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Pena, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Bluebird

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37034

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Pena, Juan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37035

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Raul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3500 San Clemente

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37036

Amount of Each Receipt this Period
125.00

Memo Item contribution

B. Penalo, Pedro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 906 S. Bridge

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37037

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Pereira, Nicholas, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7005 North Cynthia

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

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37038

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Ernie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 5360

City mcallen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37039

Amount of Each Receipt this Period
15.00

Memo Item contribution

B. Perez, Florencia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 Victoria

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37040

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Perez, Francisco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 S. Jackson

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37041

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333
N. 4th Street

City McAllen State TX Zip Code 78504

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

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37042

Amount of Each Receipt this Period 400.00

Memo Item contribution

B. Perez-Young, Irene, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employee Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37043

Amount of Each Receipt this Period 50.00

Memo Item contribution

C. Pierson, Claudia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

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

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37044

Amount of Each Receipt this Period 400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pina, Francisco, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 E. Jones

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37045

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Pope, Bill, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37046

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Porras, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5128 North 10th Street

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

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37047

Amount of Each Receipt this Period
25.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37048
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Prieto-Harris, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7516 N. 3rd
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37049
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Puenta, Rosalba, E., Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 N. Ebony
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37050
 Amount of Each Receipt this Period 25.00
 Memo Item 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)	PAGE 82 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Quach, Tin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Zenaida

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37051

Amount of Each Receipt this Period
25.85

Memo Item contribution

B. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37052

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Rafols, Rafael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113
Capri Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37053

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	100.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employee	Occupation (for Individual) 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
11 / 18 / 2016

Transaction ID : SA11AI.37054

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ramirez, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5201 N. 10th

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

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2016

Transaction ID : SA11AI.37055

Amount of Each Receipt this Period
40.00

Memo Item contribution

C. Ramirez, Sergio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1608 Woods Drive

City mission	State TX	Zip Code 78572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2016

Transaction ID : SA11AI.37056

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37057
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Ramos, Keith, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 4412
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37058
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Rangel, Mario, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3213 Lance Lot Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37060
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rangel, Soraya, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2010 S. Cynthia Ste 110

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37061

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Reddy, R.V., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 Southland Drive

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37062

Amount of Each Receipt this Period
125.00

Memo Item contribution

C. Reddy, Vangala, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Tulip

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37063

Amount of Each Receipt this Period
200.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Reinoso, Manuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 E Ridge suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37064
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37065
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Reyes, Anna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37066
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ringheanu, Mihaela, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3214
Banyan Circle

City Harlingen State TX Zip Code 78550

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

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
11 / 18 / 2016
Transaction ID : SA11AI.37067

Amount of Each Receipt this Period
125.00

Memo Item contribution

B. Rivas, Homero, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Houston

City mcallen State TX Zip Code 78501

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

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
11 / 18 / 2016
Transaction ID : SA11AI.37068

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Robalino, Benjamin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1217 S. Cynthia

City mcallen State TX Zip Code 78501

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

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
11 / 18 / 2016
Transaction ID : SA11AI.37069

Amount of Each Receipt this Period
250.00

Memo Item contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rocha, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37070
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Rodriguez, Odiel, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1624 Wildwood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37072
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. Rodriguez, Ofelia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37073
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodriguez, Sergio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6105 N. 3rd

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37074

Amount of Each Receipt this Period
18.75

Memo Item contribution

B. Rodriquez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37075

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Romero, Emma rose, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 Mercado Street

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37076

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	138.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ruiz, Henry, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 W. Pelician
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11Al.37077
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

B. Saca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11Al.37079
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

C. Saenz, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Monaco Drive
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11Al.37080
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Saenz, Jessica, , Ms,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 2608 Swallow Ave		Transaction ID : SA11AI.37081
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Saenz, JJ, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 2400 S.E. Augusta Square		Transaction ID : SA11AI.37082
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Safir, Larry, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 3300 S. 2nd suite 10		Transaction ID : SA11AI.37083
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 120
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37084
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Salcedo, Leonardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employee Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37085
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Salinas, Benjamin, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 W. 2th
 City Mercedes State TX Zip Code 78578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37086
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salinas, Mariano, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2203 Red River
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37087
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Sanchez, Elisa, Garza, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3509 N. Glasscock
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37088
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

C. Sanchez, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Lydia
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37089
 Amount of Each Receipt this Period 100.00
 Memo Item 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)	PAGE 94 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sandoval, Oscar, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8727 N. Campana Lane

City Edcouch	State TX	Zip Code 78538
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : SA11AI.37091

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Santoy, Elena, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : SA11AI.37092

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Seas, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5714 N. 6th Street

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2016

Transaction ID : SA11AI.37093

Amount of Each Receipt this Period
30.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

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

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

Name of Employer (for Individual) self-employee	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37094

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Shan, Pankajumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11AI.37095

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Shuaib, Tawhid, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11AI.37096

Amount of Each Receipt this Period
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37097
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Singh, Marish, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3521 South M Street
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37099
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

C. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37100
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 120
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Solis, Hilda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address P.O.Box 3302			Transaction ID : SA11AI.37101
City McAllen	State TX	Zip Code 78502	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) Self employed		Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Solis, Joel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 405 E. Avocet			Transaction ID : SA11AI.37102
City Mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Soto, Hector, , Dr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 101 South Greenbriar			Transaction ID : SA11AI.37103
City McAllen	State TX	Zip Code 78502	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employee		Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Spinetti, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2707 Cornerstone Blvd
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.37104
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

B. Sreenivas, Nanjappa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2610 Emerald Lake Drive
 City Harlingen State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37105
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Sustaita, Raul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37106
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Swarup, Jyothi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37107
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Sy, Wilson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6724 N.Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37108
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Tehran, Norma, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 Oaks Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37109
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37110
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Tijerina, Erica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 South Gumwood
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37111
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. Tiu, Jimmy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37112
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	295.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Trejo, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 S. Broadway
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37113
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37115
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37116
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Twahirwa, Marcel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 El Encino Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 11 / 25 / 2016
Transaction ID : SA11AI.37117
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37118
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 18 / 2016
Transaction ID : SA11AI.37119
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle

City rio grande city	State TX	Zip Code 78582
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016

Transaction ID : SA11AI.37120

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Veeramachaneni, Ravindra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola

City Mission	State TX	Zip Code 78572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
 11 / 18 / 2016

Transaction ID : SA11AI.37121

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Vela, Efraim, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Ridge Road #B

City McAllen	State TX	Zip Code 78503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016

Transaction ID : SA11AI.37123

Amount of Each Receipt this Period
250.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37126
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37128
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37129
 Amount of Each Receipt this Period
 50.00
 Memo Item 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)	PAGE 105 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villarreal, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24275 FM 490
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37130
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37131
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

C. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37132
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	515.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37133
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37134
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37135
 Amount of Each Receipt this Period
 62.50
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	712.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) 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
 11 / 18 / 2016
Transaction ID : SA11AI.37136
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Wilson, Teresa, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 Xanthisma
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) investor
 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
 11 / 18 / 2016
Transaction ID : SA11AI.37138
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Woloski, Deborah, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 Frio
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2016
Transaction ID : SA11AI.37139
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Yanez, Sandra, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 S. Alton Blvd

City Alton	State TX	Zip Code 78573
---------------	-------------	-------------------

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11Al.37141

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Yarra, Subbarao, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6905 N. Cynthia

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

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) 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
11	/	18	/	2016

Transaction ID : SA11Al.37142

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Zaleski, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6804 N. 1st

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

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

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2016

Transaction ID : SA11Al.37143

Amount of Each Receipt this Period
250.00

Memo Item 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)	PAGE 109 OF 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zapata, Hugo, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 316 Xenops		Transaction ID : SA11Al.37144
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zavala-Spinetti, Livanía, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 109 E Cornell		Transaction ID : SA11Al.37145
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) self-employee physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zayed, Fuad, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2016
Mailing Address 1425 Sweet Lane		Transaction ID : SA11Al.37146
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	46671.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Escamilla, Sandra, , Ms,		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.37160 Amount of Each Disbursement this Period 713.27
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Escamilla, Sandra, , Ms,		Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 14 / 2016	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.37154 Amount of Each Disbursement this Period 713.28
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Gonzales-Leal, Nicole, , ,		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 2401 W. Rhin Drive			
City Edinburg	State TX	Zip Code 78539	
Purpose of Disbursement contract services - salary expenditures		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.37155 Amount of Each Disbursement this Period 805.94
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	2232.49
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

A. Gonzales-Leal, Nicole, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement contract services - salary expenditures

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.37151

Amount of Each Disbursement this Period: 805.92

Memo Item

B. Gonzales-Leal, Nicole, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement contract services - salary expenditures

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.37150

Amount of Each Disbursement this Period: 805.93

Memo Item

C. Internal Revenue Services

Full Name (Last, First, Middle Initial)

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement quarterly tax deposits - IRS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.37155

Amount of Each Disbursement this Period: 2103.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3714.89

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.37147

Amount of Each Disbursement this Period

[Redacted] 1401.52

Memo Item

Full Name (Last, First, Middle Initial)

B. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.37158

Amount of Each Disbursement this Period

[Redacted] 1368.83

Memo Item

Full Name (Last, First, Middle Initial)

C. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.37153

Amount of Each Disbursement this Period

[Redacted] 1368.84

Memo Item

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

[Redacted] 4139.19

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

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Jasso, Prisylla, , Ms,		Date of Disbursement MM / DD / YYYY 11 / 25 / 2016	
Mailing Address 213 Quail Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.37149 Amount of Each Disbursement this Period 1368.83	
City McAllen	State TX	Zip Code 78502	Category/ Type 001
Purpose of Disbursement contract services - salary expenditure		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Long Chilton LLP		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 4100 N. 23rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.37156 Amount of Each Disbursement this Period 16.24	
City McAllen	State TX	Zip Code 78504	Category/ Type 001
Purpose of Disbursement paysmart payroll services		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Long Chilton LLP		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 4100 N. 23rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.37152 Amount of Each Disbursement this Period 16.24	
City McAllen	State TX	Zip Code 78504	Category/ Type 001
Purpose of Disbursement paysmart payroll services		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

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

1401.31

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.37148
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. GONZALEZ, VICENTE MR., , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address P.O. BOX 720603		FEC Identification Number C H6TX15162 Transaction ID : SB23.37163
City MCALLEN	State TX	Zip Code 78504
Purpose of Disbursement contribution		011 Category/Type
Candidate Name GONZALEZ, VICENTE MR., , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 15	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GONZALEZ, VICENTE MR., , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address P.O. BOX 720603		FEC Identification Number C H6TX15162 Transaction ID : SB23.37164
City MCALLEN	State TX	Zip Code 78504
Purpose of Disbursement contribution		011 Category/Type
Candidate Name GONZALEZ, VICENTE MR., , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 15	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GONZALEZ, VICENTE MR., , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address P.O. BOX 720603		FEC Identification Number C H6TX15162 Transaction ID : SB23.37165
City MCALLEN	State TX	Zip Code 78504
Purpose of Disbursement contribution		011 Category/Type
Candidate Name GONZALEZ, VICENTE MR., , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: TX District: 15	<input type="checkbox"/> Memo Item	

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

15000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB23**

Transaction ID : **SB23.37163**

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: **SB23**

Transaction ID: **SB23.37164**

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.37165

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. TEXAS FIRST PAC

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement
contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.37166

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 120
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals			Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	Zip Code 78502	

Outstanding Balance Beginning This Period 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 Rentals			Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	Zip Code 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 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.