FEC FORM 3X	AN	EPORT C ID DISB Other Than A	URSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING L	L,	ample:If typing er the lines	, type			
		AC						<u> </u>
ADDRESS (number and	street)	210 W EXPRESS	SWAY 83 SUITE	E 10				
Check if differ than previously reported. (ACC	У . Р	HARR			· · · · ·		78577 	
2. FEC IDENTIFICAT	ION NUMBER	₩	CITY 🛋		S	STATE 🛋	ZIPCODE	A
C00415752			3. IS THIS REPOR		NEW N) OR	X AM (A)	ENDED	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Ele Report for (d) 30-Day Post -El Report for	Election on)	12C)	Sep 2	20 (M9) D (M 0 (M10) Ja 2G) R 2S) in the State of	ov 20 (M11) lon-Election sar Only) ec 20 (M12) lon-Election ear Only) an 31 (YE) unoff (12R) pecial (30S)
 Covering Period I certify that I have exam Type or Print Name of T 	-) 1 0	through	0 6 true, correct a	3 0 and complete.	2010	
Signature of Treasurer	Electronically	y Filed by Ernie	Perez		Da	ate 0 9	28 20	010
NOTE : Submission of f	alse, erroneous	s, or incomplete in	formation may s	ubject the perso	on signing this	Report to the p	penalties of 2 U.S.C	437g.
Office Use Only							FEC FORM (Rev. 12/2004)	3X

Image# 10931348304

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 159

g the Period: From: Hand muary 1 2010^{Y} Y Y Hand at g of Reporting Period	M M D D Y	To: To: D D J Y Y Y Y 2010 COLUMN B Calendar Year-to-Date 899096.58
Hand at gof Reporting Period	This Period	Calendar Year-to-Date
Hand at gof Reporting Period	951486.30	899096.58
of Reporting Period	951486.30	
ceipts (from Line 19)	91705.15	178998.75
(add lines 6(b) and		
	1043191.45	1078095.33
ements (from Line 31)	72946.53	107850.41
iod	970244.92	970244.92
e (Itemize all on	0.00	
e (Itemize all on	1800.00	
	e (Itemize all on nd/or Schedule D) oligations owed BY e (Itemize all on nd/or Schedule D)	Column A and Lines 1043191.45 6(c) for Column B) 1043191.45 ements (from Line 31) 72946.53 d at Close of 970244.92 bigations owed TO 970244.92 of (Itemize all on 0.00 bigations owed BY 0.00

For further information contact:

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

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

Image# 10931348305

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	3 / 159
Write or Type Committee Name BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From:	M M D D Y Y W Y Y 0 4 0 1 2 0 1 0 1	To: 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	87075.75	163122.96
(ii) Unitemized		15875.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	▶ 91705.15	178998.75
(b) Political Party Committees		0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	▶ 91705.15	178998.75
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Fur	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	91705.15	178998.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	91705.15	178998.75

Image# 10931348306

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 159	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21. Operating Expenditures: (a) Shared 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	52946.53	55350.41	
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	52946.53	55350.41	
2. Transfers to Affiliated/Other Party Committees	0.00	0.00	
 Contributions to Federal Candidates/Committees and Other Political Committees 	20000.00	52500.00	
 Independent Expenditure (use Schedule E) 	0.00	0.00	
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00	
26. Loan Repayments Made	0.00	0.00	
27. Loans Made	0.00	0.00	
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees (b) 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	
9. Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C 431(20))(a) Shared 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,	72946.53	107850.41	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12740.00	107030.41	
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 			
from Line 31)	72946.53	107850.41	

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 159

	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)	91705.15	178998.75
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	91705.15	178998.75
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	52946.53	55350.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	52946.53	55350.41

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 159 (check only one)
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	ress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
	Mailing Address 1619 hertiage lane			0 4 / D D / Y Y Y Y 0 4 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.11805
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employee	Occupation		contribution
	Receipt For:	physician Aggregate	Year-to-Date V	
	Primary General	, iggi oguto	1000.00	1
	Other (specify)	0 0		
- В.	Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
	Mailing Address 1619 hertiage lane			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12009
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employee	Occupation physician		- contribution
	Receipt For:	1 1 2	Year-to-Date V	_
	Primary General Other (specify) ▼		1250.00]
– C.	Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
	Mailing Address 1619 hertiage lane			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12210
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employee	Occupation physician		- contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		`	750.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed	State Zip Code TX 78504 C Occupation physician	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 Transaction ID: SA11AI.11807 Amount of Each Receipt this Period 150.00 contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 600.00]
Β.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 750.00	Date of Receipt
С.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ✓ 900.00	Date of Receipt 0 6 / 1 7 / 2 0 1 0 Transaction ID: SA11AI.12211 Amount of Each Receipt this Period 150.00 contribution
	SUBTOTAL of Receipts This Page (optional)	• •	450.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 159 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Ruben Abreu	Date of Receipt	
	Mailing Address 104 augusta square		04 ^{//} 16 ^{//} 2010
	City	State Zip Code	Transaction ID: SA11AI.11806
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.00	
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
	Mailing Address 104 augusta square		0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12011
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
- C.	Full Name (Last, First, Middle Initial) Ruben Abreu	I	Date of Receipt
	Mailing Address 104 augusta square		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12212
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱ 	750.00
ŀ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 159 (check only one) X 11a 11b 11c 12
_			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
∠ A.	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		04 / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11808
	<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	1000.00	1
	Other (specify)		
– В.	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Б.	Mailing Address 807 North Cage		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12012
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	1250.00]
– C.	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
0.	Mailing Address 807 North Cage	0 6 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12213
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	1500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	750.00
F	TOTAL This Period (last page this line number		

[SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 10 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 110 110 110
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th		Date of Receipt
			04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11810
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation	Contribution
	Receipt For:	private investor	
	Primary General	Aggregate Year-to-Date	1
	Other (specify)	1000.00	
- В.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		05 / Y Y Y Y 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12014
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1250.00]
- C.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12215
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1	750.00

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 / 159
		Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perse a name and address of any political committee t	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
<u> </u>	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11812
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	······		- contribution
	Name of Employer self-employed	Occupation	
	Receipt For:	private investor	_
	Primary General	Aggregate Year-to-Date	-
	Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Michael Amyx	I	Date of Receipt
	Mailing Address 2108 Mynah		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12016
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1250.00	
	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12217
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt
	Mailing Address 7004 N. Cynthia		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11813
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
– B.	Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt
	Mailing Address 7004 N. Cynthia		0 5 / 2 8 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12017
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
- c.	Full Name (Last, First, Middle Initial) Dario Arango	l	Date of Receipt
	Mailing Address 7004 N. Cynthia		0 6 / 1 7 / Y Y Y Y 0 6 / 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12218
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	750.00
ŀ	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 159 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may i e name and addr	not be sold or used by any persi ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Daisy Arce			Date of Receipt
	Mailing Address 129 Bluebird			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.12018
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	1	Year-to-Date 🔻	-
	Primary General Other (specify)		250.00]
- B.	Full Name (Last, First, Middle Initial) Daisy Arce	1		Date of Receipt
	Mailing Address 129 Bluebird			06 / D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.12219
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
– C.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila	I		Date of Receipt
	Mailing Address 104 W. 20th Street			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11816
	Weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self-employed	Occupation doctor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		225.00
ŀ	TOTAL This Period (last page this line number		-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $14/159$ (check only one) X 11a11b11c121314151617n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila		Date of Receipt
	Mailing Address 104 W. 20th Street		05 / D D / Y Y Y Y 028 2010
	City	State Zip Code	Transaction ID: SA11AI.12020
	Weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	625.00	
в.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila		Date of Receipt
	Mailing Address 104 W. 20th Street		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12221
	Weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	750.00	
С.	Full Name (Last, First, Middle Initial) Murphy Badiga	1	Date of Receipt
	Mailing Address 1503 S. Airport suite 6		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11817
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	contribution
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	500.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and a or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt
	Mailing Address 1503 S. Airport suite 6		05 28 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12021
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	1250.00	
- В.	Full Name (Last, First, Middle Initial) Murphy Badiga	•	Date of Receipt
	Mailing Address 1503 S. Airport suite 6		0 6 1 7 Y Y Y Y 0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12222
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1500.00]
- C.	Full Name (Last, First, Middle Initial) Cayetano Barrera	1	Date of Receipt
	Mailing Address 501 Mockingbird Lane	9	05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12023
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
Γ		1	550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 159 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A .	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane		06 17 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12403
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) Ricardo Barrera	1	Date of Receipt
	Mailing Address 420 Frio		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11819
		TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
с. –	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		05 / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12024
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·····	550.00
F	TOTAL This Period (last page this line number	only)	

ę	SCHEDULE A (FEC Form 3X)	Use separate sch	FOR LINE NUMBER: PAGE 17/159
	TEMIZED RECEIPTS	for each category	of the
•		Detailed Summary	Page X 11a 11b 11c 12 13 14 15 16 17
			by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
لا A.	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12224
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	15	500.00
в.	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11820
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) v	10	00.00
- C.	Full Name (Last, First, Middle Initial) Juan Bernini	1	Date of Receipt
	Mailing Address 2804 Santa Ana		
	City mission	State Zip Code TX 78574	Transaction ID: SA11AI.12025
		<u>TX 78574</u>	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	12	250.00
		1	

C	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 / 159					
	· · ·	Use separate schedule(s) for each category of the	(check only one)					
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12					
Г			13 14 15 16 1					
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)							
	BORDER HEALTH FEDERAL PAC							
	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt					
	Mailing Address 2804 Santa Ana		M M / D D / Y					
	City	State Zip Code	Transaction ID: SA11AI.12225					
	mission	TX 78574	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer self-employed	Occupation	- contribution					
		physician	-1					
	Receipt For: Primary General	Aggregate Year-to-Date						
	Other (specify) ▼	1500.00						
_	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt					
	Mailing Address 7007 N 1st Lane		M M / D D / Y Y Y Y 04 16 2010					
	City	State Zip Code	Transaction ID: SA11AI.11821					
	mcallen	TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer self-employed	Occupation physician	- contribution					
	Receipt For:	Aggregate Year-to-Date V	_					
	Primary General Other (specify) ▼	1000.00]					
-	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt					
	Mailing Address 7007 N 1st Lane		0 5 2 8 2 0 1 0					
	City	State Zip Code	Transaction ID: SA11AI.12026					
	mcallen	TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer self-employed	Occupation physician	- contribution					
	Receipt For:	Aggregate Year-to-Date V	-					
	Primary General Other (specify) ▼	1250.00]					
Γ			750.00					
			/60.00					

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19/159						
	· · ·		Use separate schedule(s) for each category of the	(check only one)						
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
٦				13 14 15 16 17						
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	BORDER HEALTH FEDERAL PAC									
Α.	Full Name (Last, First, Middle Initial) Sarojini Bose			Date of Receipt						
	Mailing Address 7007 N 1st Lane			M M / D D Y						
	City	State	Zip Code	Transaction ID: SA11AI.12226						
	mcallen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer self-employed	Occupation physicial		contribution						
	Receipt For:	1 1	e Year-to-Date 🔻							
	Primary General	, iggi ogu								
	Other (specify)	0 0	1500.00							
В.	Full Name (Last, First, Middle Initial) Francisco Bracamontes			Date of Receipt						
	Mailing Address 2005 Cimarron Court			0 4 1 6 Y Y Y Y Y 0 2 0 1 0						
	City	State	Zip Code	Transaction ID: SA11AI.11822						
	mission	ТХ	78572	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer self-employed	Occupation physicial		contribution						
	Receipt For:	1 1 2	e Year-to-Date 🔻							
	Primary General									
	Other (specify)	0 0	1000.00							
с.	Full Name (Last, First, Middle Initial) Francisco Bracamontes	•		Date of Receipt						
	Mailing Address 2005 Cimarron Court			0 5 2 8 2 0 1 0						
	City	State	Zip Code	Transaction ID: SA11AI.12027						
	mission	ТХ	78572	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer self-employed	Occupation physicial		contribution						
	Receipt For:		e Year-to-Date 🔻							
	Primary General Other (specify) ▼		1250.00							
[SUBTOTAL of Receipts This Page (optional)			750.00						
	TOTAL This Period (last page this line number									
L	· -									

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 159 (check only one)
	Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt
	City	State Zip Code	
	mission	TX 78572	Transaction ID: SA11AI.12227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1500.00	
- В.	Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Street		Date of Receipt
	City	State Zip Code	04162010 Transaction ID: SA11AI.11823
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00]
- C.	Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Street		Date of Receipt
			05 28 2010
	City	State Zip Code TX 78501	Transaction ID: SA11AI.12028
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	······	750.00

C	CHEDIII E A (EEC Earm 2V)		FOR LINE NUMBER: PAGE 21 / 159						
	CHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)						
ľ	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12						
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)								
	BORDER HEALTH FEDERAL PAC								
۸.	Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt						
	Mailing Address 2000 N. 8th Street		M · M / D · D / Y · Y · Y · Y Y						
	City	State Zip Code	Transaction ID: SA11AI.12228						
	mcallen	TX 78501	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	250.00						
	Name of Employer self-employed	Occupation physician	contribution						
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General								
	Other (specify)	1500.00							
	Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone		Date of Receipt						
	Mailing Address 429 Umar		M M / D D / Y Y Y Y 04 16 2010						
	City	State Zip Code	Transaction ID: SA11AI.11825						
	McAllen	TX 78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	200.00						
	Name of Employer self-employed	Occupation doctor	contribution						
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General Other (specify) ▼	800.00							
_	Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone	l	Date of Receipt						
•	Mailing Address 429		0 5 2 8 2 0 1 0						
	Umar City	State Zip Code	Transaction ID: SA11AI.12030						
	McAllen	TX 78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		200.00						
	Name of Employer self-employed	Occupation doctor	contribution						
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General Other (specify) ▼	1000.00							
Γ	SUBTOTAL of Receipts This Page (optional) .	l	650.00						

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 159 (check only one) X X 11a 11b 11c 12 13 14 15 16 1				
N	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC						
	Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone		Date of Receipt				
	Mailing Address 429 Umar		M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.12230				
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period				
	Name of Employer self-employed	Occupation doctor	- contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00]				
_	Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt				
		0 4 / D D / Y Y Y Y 2 0 1 0					
	City mcallen	State Zip Code TX 78502	Transaction ID: SA11AI.11827				
	FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period				
	Name of Employer self-employed	Occupation private investor	- contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]				
-	Full Name (Last, First, Middle Initial) Alonzo Cantu	I	Date of Receipt				
	Mailing Address P.O.Box 2673		M M / D D / Y Y Y Y 05 28 2010				
	City	State Zip Code	Transaction ID: SA11AI.12032				
	mcallen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period				
	Name of Employer self-employed	Occupation private investor	- contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Γ	SUBTOTAL of Receipts This Page (optional)	L	700.00				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedul for each category of the	ıle(s)	(check	INE NU	ne)		PAGE	-	59
1			Detailed Summary Pa			11a 13	11b			12 16	Π1
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	y not be sold or used by a dress of any political com	any person f mittee to so	for the	purpos	e of so	liciting	contrib	outions	3
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC										
∠ A.	Full Name (Last, First, Middle Initial) Alonzo Cantu				Da	te of Re	ceipt				
	Mailing Address P.O.Box 2673				0	6 ^{//}	1	^D 7	2	2 0 1	
	City	State	Zip Code			nsactio					
	mcallen	TX	78502		Am	nount of	Each	Receip	t this F	Period	
	FEC ID number of contributing federal political committee.	С				trib			2	50.00	0
	Name of Employer self-employed	Occupation private in			cont	tributic	ווע				
	Receipt For:	- I - I	e Year-to-Date V		ļ						
	Primary General Other (specify) ▼		1500.	.00							
— В.	Full Name (Last, First, Middle Initial) Carlos Cardenas				Da	te of Re	ceipt				
	Mailing Address 1000 N. Taylor Road				0	м / 4	1	D / 6	2	2 0 1	
	City	State	Zip Code		Tra	nsactio	on ID:	SA11	AI.118	328	
	mcallen	ТХ	78501		Am	nount of	Each	Receip	t this F	Period	
	FEC ID number of contributing federal political committee.	C]					2	50.00	0
	Name of Employer self-employed	Occupation physiciar			cont	tributic	חע				
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify)	1 U	1000.	.00							
 C.	Full Name (Last, First, Middle Initial) Carlos Cardenas				Da	te of Re	ceipt				
	Mailing Address 1000 N. Taylor Road				м) 5 ^M	D	D / 8		2 0 1	
	City	State	Zip Code			nsactio					
	mcallen	ТХ	78501	[Am	nount of	Each	Receip	t this F	Period	
	FEC ID number of contributing federal political committee.	C]					2	50.00	0
	Name of Employer self-employed	Occupation physiciar			con	tributic	חע				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.	.00							
					1						

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 159 (check only one)
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Init Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Tay	lor Road	M M / D D / Y Y Y Y 06 17 2010
City	State Zip Code	Transaction ID: SA11AI.12233
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer self-employed	Occupation	contribution
Receipt For:	physician Aggregate Year-to-Date V	-
Primary General		1
Other (specify)	1500.00	
Full Name (Last, First, Middle Init Jose Carreras	ial)	Date of Receipt
Mailing Address 1016 E. Grif	fin Parkway	M M / D D / Y Y Y Y 0 4 16 2010
City	State Zip Code	Transaction ID: SA11AI.11829
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Init Jose Carreras	ial)	Date of Receipt
Mailing Address 1016 E. Grif	fin Parkway	M M / D D / Y Y Y Y 05 28 2010
City	State Zip Code	Transaction ID: SA11AI.12034
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
SUBTOTAL of Receipts This Page	(optional)	750.00
	line number only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 159 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persented and address of any political committee to the sold of the sold	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۷ A.	Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt
	Mailing Address 1016 E. Griffin Parkwa	M M / D D / Y Y Y Y 06 17 2010	
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12234 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo Mailing Address 2300 Silverado North		Date of Receipt
	City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11830
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	600.00	
с.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo		Date of Receipt
	Mailing Address 2300 Silverado North		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12035
	Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)		▶ 550.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo		Date of Receipt
	Mailing Address 2300 Silverado North	0 6 1 7 Y Y Y Y 0 0 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12235
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	900.00	
в.	Full Name (Last, First, Middle Initial) Marissa Castaneda		Date of Receipt
	Mailing Address 5021 Elk Lane		05 / 28 / Y Y Y 2010
	City Edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.12036
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	-
	Other (specify)	250.00	
C.	Full Name (Last, First, Middle Initial) Marissa Castaneda		Date of Receipt
	Mailing Address 5021 Elk Lane		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12236
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer self-employed	Occupation private investor	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
	SUBTOTAL of Receipts This Page (optional)	······	250.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 27 / 159 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 11 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive			Date of Receipt
	City	State	Zip Code	04 16 2010
	mission	TX	78572	Transaction ID: SA11AI.11832 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- В.	Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive	I		Date of Receipt
	-	05 28 2010		
	City	State TX	Zip Code	Transaction ID: SA11AI.12037
	mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physicial		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1250.00]
- C.	Full Name (Last, First, Middle Initial) Augusto Castrillon			Date of Receipt
	Mailing Address 223 Rio Grande Drive			0 6 1 7 Y Y Y Y 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: SA11AI.12237
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		contribution
	Name of Employer self-employed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)	•		750.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the X 11a 11b 11c 12 age 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code TX 78572	Transaction ID: SA11AI.11833
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 1000).00
- B.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road		05 28 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12038
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250	0.00
- C.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
-	Mailing Address 2301 N. Bryan Road		0 6 / 1 7 / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12238
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	0.00
ſ	SUBTOTAL of Receipts This Page (optional)		
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	totomonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied nonin such reports and 3 or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street			Date of Receipt
	suite 1	State	Zip Code	Transaction ID: SA11AI.11834
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicial	n	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- B.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street	1		Date of Receipt
	suite 1			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12039
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicia		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1250.00]
- C.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan			Date of Receipt
	Mailing Address 1210 East 8th street suite 1			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.12239
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 159 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	⊥ y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive			M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.11836
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		223.21
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1 2 2	e Year-to-Date 🔻	-1
	Primary General	33 - 3		
	Other (specify)		751.63	
в.	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive			M · M / D · D / Y · Y · Y · Y Y Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12041
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		139.50
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1 2	e Year-to-Date 🔻	
	Primary General			
	Other (specify)	0 0	891.13	
C.	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive			M · M / D · D / Y · Y · Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12241
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.02
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:		e Year-to-Date 🔻	
	Other (specify)	0 0	1083.15	
	SUBTOTAL of Receipts This Page (optional)			554.73
	TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 159 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 15 \\ \hline 16 \\ \hline 11 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 12 \\ \hline 12 \\ \hline 13 \\ \hline 11 \\ 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ 11 \\ \hline 11 \\ \hline 11 \\ 11 \\ \hline 11 \\$
	Any information copied from such Reports and s r for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Ľ	Full Name (Last, First, Middle Initial) Dr. Virah Cooper		Date of Receipt
	Mailing Address 1801 South 5th Street	suite 7	M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12042
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
	Full Name (Last, First, Middle Initial) Dr. Virah Cooper	1	Date of Receipt
	Mailing Address 1801 South 5th Street	suite 7	M M / D D / Y Y Y Y 06 17 2010
	City	Transaction ID: SA11AI.12242	
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	400.00	
_	Full Name (Last, First, Middle Initial) Diana Cortinas		Date of Receipt
	Mailing Address 1400 Northgate Lane		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11838
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	248.27
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	833.01	
Г		1	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane			Date of Receipt
				05 28 2010
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12049
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date V 988.18]
- B.	Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane			Date of Receipt
	Mailing Address 1400 Northgate Lane			0 6 1 7 Y Y Y Y 0 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12243
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		213.58
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 1201.76]
- C.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			M M / D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11839
	mcallen FEC ID number of contributing federal political committee.	TX C	78504	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	1 1 1 1	Year-to-Date V 850.84]
ſ	SUBTOTAL of Receipts This Page (optional)	•		618.75
ľ	TOTAL This Period (last page this line number	only)		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	N	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
لا A.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12050
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		158.62
	Name of Employer self-employed	Occupatio		- contribution
	Receipt For:	physiciar Aggregate	PYear-to-Date V	_
	Primary General	, iggi oguto	1009.46	1
	Other (specify)	0 0	1009.40	
– В.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			0 6 / D D / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12244
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		218.34
	Name of Employer self-employed	Occupatio physiciar		- contribution
	Receipt For:	1 1	Year-to-Date ▼	
	Primary General Other (specify) ▼		1227.80]
– C.	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
	Mailing Address 1400 Northgate			M M / D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11840
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)			626.96
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 159 (check only one) X X 11a 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt
			05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12051
	mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
	federal political committee.		250.00
	Name of Employer	Occupation	- contribution
	self-employed	physician	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1250.00	
- В.	Full Name (Last, First, Middle Initial) Javier Cortinas		Date of Receipt
Б.	Mailing Address 1400 Northgate		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12245
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
- C.	Full Name (Last, First, Middle Initial) James Darling		Date of Receipt
0.	Mailing Address 1225 E Peking		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11841
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
ſ	SUBTOTAL of Receipts This Page (optional).	1	650.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 159
		for each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
, А.	Full Name (Last, First, Middle Initial) James Darling	Date of Receipt	
	Mailing Address 1225 E Peking		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12052
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General	750.00	1
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) James Darling		Date of Receipt
	Mailing Address 1225 E Peking		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12246
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00]
- C.	Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
0.	Mailing Address 2408 Dorado		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11845
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	7
	Primary General Other (specify) ▼	1000.00]
[SUBTOTAL of Receipts This Page (optional)	L	550.00
ł	TOTAL This Period (last page this line number		
		····;/	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 159 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ne name and address of any political committee to	n tor the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado		Date of Receipt
			05 28 2010
	City	State Zip Code TX 78574	Transaction ID: SA11AI.12054
	mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
- B.	Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado		Date of Receipt
	City	State Zip Code	
	mission	TX 78574	Transaction ID: SA11AI.12248 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.11843
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employee	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)		625.00
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 159 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
---------	--	--	---
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor a name and address of any political committee to s	1 for the purpose of soliciting contributions solicit contributions from such committee.
Z	BORDER HEALTH FEDERAL PAC		
Α.	Dr. Carlos De Juana		Date of Receipt
	Mailing Address 1105 Zinnia		05 / ^D ^D / ^Y ^Y ^Y ^Y ^Y
	City	State Zip Code	Transaction ID: SA11AI.12055
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	375.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana	1	Date of Receipt
	Mailing Address 1105 Zinnia		$\begin{array}{c c} M & M \\ 0 & 6 \end{array} \begin{array}{c} / & D & D \\ 1 & 7 \end{array} \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array}$
	City	State Zip Code	Transaction ID: SA11AI.12249
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employee	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
;.	Full Name (Last, First, Middle Initial) Jorge De La Garza	1	Date of Receipt
•	Mailing Address 120 Condor		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11844
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt
	Mailing Address 120 Condor		M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12056
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	1250.00	
- 3.	Full Name (Last, First, Middle Initial) Jorge De La Garza	1	Date of Receipt
	Mailing Address 120 Condor		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12250
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	contribution
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
_	Full Name (Last, First, Middle Initial) Luis Delgado, Jr.		Date of Receipt
-	Mailing Address 5128 N. 10th		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11846
	Mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)		650.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE NUMBER: PAGE 39 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	ress of any political committee to	o solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th			Date of Receipt
	City	State	Zip Code	0 5 2 8 2 0 1 0 Transaction ID: SA11AI.12057
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]
– В.	Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th			Date of Receipt
				06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12251
	Mcallen FEC ID number of contributing federal political committee.	TX C	78504	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 900.00]
– C.	Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo			Date of Receipt
	City	State	Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11848
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)			550.00
	TOTAL This Period (last page this line number	r only)		

		-		
S	CHEDULE A (FEC Form 3X)		ato ophodulo(a)	FOR LINE NUMBER: PAGE 40 / 159
			te schedule(s) tegory of the	(check only one)
1	TEMIZED RECEIPTS		immary Page	X 11a 11b 11c 12
				13 14 15 16 1
A	Any information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or e name and address of any po	used by any person	for the purpose of soliciting contributions blicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Z	Full Name (Last, First, Middle Initial)			
•	Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo			M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code		Transaction ID: SA11AI.12059
	mission	TX 78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
		physician	¥	
	Receipt For: Primary General	Aggregate Year-to-Date	•	
	Other (specify)		1250.00	
	Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo			0 6 1 7 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.12253
	mission	TX 78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		1500.00	
-	Full Name (Last, First, Middle Initial) Kotthegal Eshwar			Date of Receipt
	Mailing Address 108 Yellow Hammer			0 5 2 8 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.12061
	mcallen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)		·····	550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 159 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar	Date of Receipt	
	Mailing Address 108 Yellow Hammer		0 6 / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12255
	mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
	federal political committee.		50.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify)	300.00	
- В.	Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt
	Mailing Address 136 W. Yucca		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11851
	mcallent	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify)	1000.00	
– c.	Full Name (Last, First, Middle Initial) Antonio Esparza	1	Date of Receipt
	Mailing Address 136 W. Yucca		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12062
	mcallent	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
Г			
	SUBTOTAL of Receipts This Page (optional)		550.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 159 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Z	Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt
	Mailing Address 136 W. Yucca		06 17 Y Y Y Y 06 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: SA11AI.12256
	mcallent	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	1500.00	
	Full Name (Last, First, Middle Initial) Maria Elena Falcon		Date of Receipt
	Mailing Address 2212 Westway		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11852
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	1000.00	
	Full Name (Last, First, Middle Initial) Maria Elena Falcon		Date of Receipt
	Mailing Address 2212 Westway		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12063
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 159
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Maria Elena Falcon			Date of Receipt
	Mailing Address 2212 Westway			M M / D D / Y Y Y Y 06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12257
	mcallen	ТΧ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicia		- contribution
	Receipt For:	1 1	e Year-to-Date 🔻	-1
	Primary General	Aggregat		1
	Other (specify) ▼	0 0	1500.00	
В.	Full Name (Last, First, Middle Initial) Alberto Felici			Date of Receipt
2.	Mailing Address 2309 W. Greenbriar S	quare		04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11853
	mcallen	ТХ	78504	Amount of Each Receipt this Period
			70004	Amount of Lach Receipt this Fehou
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employed	Occupatio		- contribution
		physicia	_	_
	Receipt For:	Aggregat	e Year-to-Date	
	Other (specify) ▼		400.00]
C.	Full Name (Last, First, Middle Initial) Alberto Felici	1		Date of Receipt
Э.	Mailing Address 2309 W. Greenbriar S	quare		05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12064
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employed	Occupatio physicia		- contribution
	Receipt For:		e Year-to-Date 🔻	1
	Primary General	Aggregat		1
	Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)		·····	450.00
	TOTAL This Period (last page this line number			
		,,		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 159 (check only one) (check 114) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
	Mailing Address 2309 W. Greenbriar S	quare	06 / 17 / Y Y Y Y 006 / 17
	City	State Zip Code	Transaction ID: SA11AI.12258
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	600.00	
- B.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		04 / D D / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.11854
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		0 5 / D D / Y Y Y Y 0 5 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12065
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .		600.00
ŀ	TOTAL This Period (last page this line number	r only)	· · · · · · · · · · · · · · · · · · ·

~				FOR LINE NUMBER: PAGE 45 / 159
	CHEDULE A (FEC Form 3X))	Use separate schedule(s)	(check only one)
ľ	FEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
ہ د	Any information copied from such Reports and r for commercial purposes, other than using th	Statements may n	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Marco Flores			Date of Receipt
	Mailing Address 320 Primrose			M · M / D · D / Y · Y · Y · Y Y 0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12259
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For:	physician		
	Primary General	Aggregate Y	ear-to-Date 🔻	
	Other (specify)	0 0 0	1500.00	
	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
	Mailing Address 3212 Nightingale Cou	urt		05 / D D / Y Y Y Y 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12067
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private inve	estor	contribution
	Receipt For:	-1 + '	ear-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
	Mailing Address 3212 Nightingale Cou	urt		0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12260
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private inve	estor	contribution
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		350.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 46 / 159 (check only one) 11a X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa			Date of Receipt
	01	0	7' . 0	04 16 2010
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.11857 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicial	n	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]
В.	Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa			Date of Receipt
	City	State	Zip Code	
	mission	TX	78572	Transaction ID: SA11AI.12068 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1250.00]
- C.	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa			0 6 / D D / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12262
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio physicia	า	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
ſ	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 47 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road			Date of Receipt
	<u></u>	01-11-	7'- 0 - 1-	04 16 2010
	City Mission	State TX	Zip Code 78574	Transaction ID: SA11AI.11858 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- В.	Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road			Date of Receipt
		Chata	Zin Onde	05 28 2010
	City <u>Mission</u>	State TX	Zip Code 78574	Transaction ID: SA11AI.12069 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicia		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00]
- C.	Full Name (Last, First, Middle Initial) Hiram Garcia			Date of Receipt
	Mailing Address 2712 E Mile 5 Road			M M / D D / Y Y Y Y 06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12263
	Mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
	Mailing Address 5404 N. 1st street		04 16 Y Y Y Y Y 04 16
	City	State Zip Code	Transaction ID: SA11AI.11861
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation	- contribution
	Receipt For:	private investor	
	Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
	Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
	Mailing Address 5404 N. 1st street		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12073
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
;.	Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
	Mailing Address 5404 N. 1st street		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12266
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Γ	CURTOTAL of Respire This Rose (aptional)	L	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)	(check only one)
		for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo		Date of Receipt
	Mailing Address 2311 Silvardo North		M · M / D · D / Y · Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.12071
	Palmhurst	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation self-employee physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo	<u>I</u>	Date of Receipt
	Mailing Address 2311 Silvardo North		M M / D D / Y Y Y Y Y <thy< th=""> Y</thy<>
	City	State Zip Code	Transaction ID: SA11AI.12267
	Palmhurst	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation self-employee physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	375.00	
	Full Name (Last, First, Middle Initial) Lawrence Gelman	I	Date of Receipt
	Mailing Address 3900 Sundown Drive		0 4 / D D / Y Y Y Y 0 4 / 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11862
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1000.00	
	UBTOTAL of Receipts This Page (optional)	l	500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 159 (check only one) 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.12074
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed Receipt For:	Occupatio physiciar	n	contribution
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ♥ 1250.00]
В.	Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive			Date of Receipt
	0.1	01-11-	7'- 0 - 1-	06 17 2010
	City <u>mcallen</u>	State TX	Zip Code 78503	Transaction ID: SA11AI.12268
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
- C.	Full Name (Last, First, Middle Initial) Robert Genovese			Date of Receipt
	Mailing Address 2208 Summer Breeze			04 16 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.11863
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		contribution
	Name of Employer selfemployed	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 810.34]
ſ	SUBTOTAL of Receipts This Page (optional)			740.64
ſ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 159 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
2 A.	Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt
	Mailing Address 2208 Summer Breeze		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12075
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.40
	Name of Employer selfemployed	Occupation	- contribution
	Receipt For:	physician Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	960.74	
– B.	Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt
	Mailing Address 2208 Summer Breeze		0 6 1 7 Y Y Y Y 0 0 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12269
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	207.02
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1167.76	
- C.	Full Name (Last, First, Middle Initial) Dr. Richard Gillett		Date of Receipt
	Mailing Address 54 South 10th		M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12076
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	457.42

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 52 / 159 (check only one) X X 11a 11b 11c 12
			Detailed Summary Page	
	r information copied from such Reports and S or commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Dr. Richard Gillett			Date of Receipt
l	Mailing Address 54 South 10th			0 6 / D D / Y Y Y Y 0 0 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12270
-	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employee	Occupation physician		- contribution
Ī	Receipt For:	1 1	/ear-to-Date ▼	-
	Primary General Other (specify) ▼		400.00]
	Full Name (Last, First, Middle Initial) Alvaro Giraldo	I		Date of Receipt
I	Mailing Address 106 W. Flamingo			M M / D D / Y Y Y Y 04 16 2010
(City	State	Zip Code	Transaction ID: SA11AI.11865
-	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
ļ	Name of Employer selfemployed	Occupation physician		- contribution
Ī	Receipt For:	Aggregate Y	′ear-to-Date ▼	
	Primary General Other (specify)		400.00]
	Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt
I	Mailing Address 106 W. Flamingo			M M / D D / Y
(City	State	Zip Code	Transaction ID: SA11AI.12077
-	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
Ī	Name of Employer selfemployed	Occupation physician		- contribution
I	Receipt For: Primary General Other (specify) ▼	Aggregate Y	′ear-to-Date ▼ 500.00]
		l		300.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 159
			Use separate schedule(s) for each category of the	(check only one)
		[Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not e name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt
	Mailing Address 106 W. Flamingo			$\begin{array}{c c} M & M & / \\ \hline 0 & 6 \\ \end{array} \begin{array}{c} D & D \\ 1 & 7 \\ \end{array} \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \\ \end{array}$
	City	State	Zip Code	Transaction ID: SA11AI.12271
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General		600.00	1
	Other (specify)	0 0 0		_
	Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt
	Mailing Address 2305 Monaco Drive			$ \begin{array}{c} M & M \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} D & D \\ 1 & 6 \end{array} \right) \left(\begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array} \right) $
	City	State	Zip Code	Transaction ID: SA11AI.11869
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Other (specify)		982.77]
	Full Name (Last, First, Middle Initial) Alfredo Gonzalez	<u> </u>		Date of Receipt
	Mailing Address 2305 Monaco Drive			0 5 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12081
	mission	ТХ	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		224.92
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Other (specify)		1207.69]
		1		574.92

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 159 (check only one) 11a X 11a 12 14 15 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person a name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۷ A.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez		Date of Receipt
	Mailing Address 2305 Monaco Drive		0 6 / D D / Y Y Y Y 0 6 / 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12275
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1457.69	
- В.	Full Name (Last, First, Middle Initial) Jaime Gonzalez		Date of Receipt
	Mailing Address 3511 Plazas del Lago		04 / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11870
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	Contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	I	Date of Receipt
	Mailing Address 3511 Plazas del Lago		0 5 / ^D D D / <u>Y Y Y Y Y</u> 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12082
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Γ			750.00
	SUBTOTAL of Receipts This Page (optional)	•	750.00
	TOTAL This Period (last page this line number	only)	

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 159 (check only one)
l	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	BONDER HEALTH FEDERAL FAC		
A.	Full Name (Last, First, Middle Initial) Jaime Gonzalez		Date of Receipt
	Mailing Address 3511 Plazas del Lago		0 6 / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12276
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	1500.00]
- В.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt
	Mailing Address 1501 Meadwood		M M / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11867
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00]
– C.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt
	Mailing Address 1501 Meadwood		M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12079
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	·	750.00
F	TOTAL This Period (last page this line number		

6			FOR LINE NUMBER: PAGE 56 / 159
	SCHEDULE A (FEC Form 3X)		s) (check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
			13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
∠ A.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt
	Mailing Address 1501 Meadwood		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12277
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1500.00	
 3.	Full Name (Last, First, Middle Initial) Verley Gordon		Date of Receipt
	Mailing Address 1700 E. Mile 3 Road		M M / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11872
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	999.95	5
_).	Full Name (Last, First, Middle Initial) Verley Gordon		Date of Receipt
	Mailing Address 1700 E. Mile 3 Road		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12084
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	241.52
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1241.47	
Γ			741.52

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions for the purpose of soliciting contributions for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	ress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E, Mile 3 Road			Date of Receipt
				06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12278
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For:	physician	_	
	Primary General	Aggregate	Year-to-Date V	-
	Other (specify)	0 0	1491.47	
В.	Full Name (Last, First, Middle Initial) Enrique Griego	1		Date of Receipt
	Mailing Address 905 Inspiratin Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11873
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
С.	Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
	Mailing Address 905 Inspiratin Drive			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.12085
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)	·····	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 58 / 159
		for each category of the	
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per aname and address of any political committ	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
	Mailing Address 905 Inspiratin Drive		0 6 / D D / Y Y Y Y 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12279
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1500.00	
_	Other (specify)		·
в.	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
Б.	Mailing Address 3105 Forest Court		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11875
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
- C.	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
	Mailing Address 3105 Forest Court		0 5 / 2 8 / Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12086
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
[SUBTOTAL of Receipts This Page (optional)	1	450.00
ŀ	TOTAL This Period (last page this line number		
	I SIRE THIS I GHOU (IASI PAYE THIS III E HUITIDE	(iiiy)	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 159
п	EMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	y not be sold or used by any person dress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ A.	Full Name (Last, First, Middle Initial) John Guerra	Date of Receipt		
	Mailing Address 3105 Forest Court			0 6 / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12280
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer selfemployed	Occupatio physicia		contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		600.00	
— В.	Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt
	Mailing Address 13337 Borolo Drive			04 / D D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.11876
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1000.00	
 c.	Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt
-	Mailing Address 13337 Borolo Drive			0 5 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12088
	edinburg	ТХ	78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1250.00	
	UBTOTAL of Receipts This Page (optional)	I		600.00
	OTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			I UI Each Calegoly Of the	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Any or f	y information copied from such Reports and so commercial purposes, other than using th	Statements may	/ / not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Marcy Guerra			Date of Receipt
	Mailing Address 13337 Borolo Drive			M M / D D / Y Y Y Y Y <th< td=""></th<>
	City	State	Zip Code	Transaction ID: SA11AI.12281
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	1 1 2	Year-to-Date V	
	Primary General	riggrogate		1
	Other (specify) v	0 0	1500.00	
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero	4		Date of Receipt
	Mailing Address 1402 E. 8th Street			M M / D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11877
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	908.15]
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero			Date of Receipt
	Mailing Address 1402 E. 8th Street			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12089
	weslaco	ТΧ	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.73
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	1	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1088.88]
	JBTOTAL of Receipts This Page (optional) .			680.73

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 159 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt
	Mailing Address 1402 E. 8th Street		06 / D D / Y Y Y Y 02010
	City	State Zip Code	Transaction ID: SA11AI.12282
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	248.76
	Name of Employer selfemployed	Occupation	- contribution
	Receipt For:	physician Aggregate Year-to-Date V	-
	Primary General	1337.64	
	Other (specify) 🔻		
- В.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
Б.	Mailing Address 6020 Wisconsin		$\begin{array}{c c} \hline & \text{Date of Receipt} \\ \hline & \text{M} & \text{M} & / & \text{D} & \text{D} & / & \text{Y} & \text{Y} & \text{Y} \\ \hline & 0.4 & 1.6 & 2.01.0 \\ \hline \end{array}$
	City	State Zip Code	Transaction ID: SA11AI.11878
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1000.00	
- с.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
	Mailing Address 6020 Wisconsin		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12091
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1250.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	748.76
ľ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 159 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
Г				
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	ay not be sold or used by any persolution of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Alberto Gutierrez	Date of Receipt		
~	Mailing Address 6020 Wisconsin			M M / D D / Y Y Y Y
	<u></u>			06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12284
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	ก	contribution
	selfemployed	selfemployed physician		
	Receipt For:	1	e Year-to-Date 🔻	—
	Primary General	riggiogai		-
	Other (specify)		1500.00	
	Full Name (Last, First, Middle Initial)	-		
В.	Marco Gutierrez Mailing Address 511 N. Depot Road			Date of Receipt
				0 4 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.11879
	edinburg	ТΧ	78541	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
			-	contribution
	Name of Employer selfemployed	Occupation physicial		
	Receipt For:	1 1 2 2	e Year-to-Date 🔻	-
	Primary General	Aggregat		
	Other (specify) 🔻		1000.00	
-				-
C.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
	Mailing Address 511 N. Depot Road			M M / D D / Y Y Y Y
				05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12092
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	on	- contribution
	selfemployed	physicia	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1050.00	
	Other (specify)	0.0	1250.00	
г				
				750.00
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Daried (last page this line sumber	oply)		
	TOTAL This Period (last page this line number	(iny)		

9	SCHEDULE A (FEC Form 3X)		Los soporato ashadula(s)	FOR LINE NUMBER: PAGE 63 / 159
			Use separate schedule(s) for each category of the	(check only one)
I	I EIVIIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		,,	
	BORDER HEALTH FEDERAL PAC			
	/			
۹.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
	Mailing Address 511 N. Depot Road			
				06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12285
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation		- contribution
	selfemployed	physician		
	Receipt For:	Aggregate \	/ear-to-Date ▼	
	Primary General		1500.00	1
	Other (specify)			1
_	Full Name (Last, First, Middle Initial)			
	Miguel Gutierrez			Date of Receipt
	Mailing Address 224 Lindberg			04 D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11880
	mcallen	TX	78501	Amount of Each Receipt this Period
			70001	
	FEC ID number of contributing federal political committee.	C		250.00
				contribution
	Name of Employer selfemployed	Occupation physician		
	Receipt For:	1 1 2	/ear-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify)		1000.00	
_	E. U.M. States (Laster Else), Michille (2015)			
	Full Name (Last, First, Middle Initial) Miguel Gutierrez			Date of Receipt
	Mailing Address 224 Lindberg			M M / D D / Y Y Y Y
	<u></u>		7.0.1	05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12093
	mcallen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
				contribution
	Name of Employer	Occupation physician		
	selfemployed	LIDUVSICIAN		
			loor to Data	
	Receipt For:		lear-to-Date ▼	1
	Receipt For:		/ear-to-Date ▼ 1250.00	1
F	Receipt For: Primary General]
Г	Receipt For: Primary General	Aggregate	1250.00	750.00

	A (EEC Earm 2V)			FOR LINE NUMBER: PAGE 64 / 159
SCHEDULE A (FEC Forr			Use separate schedule(s) for each category of the	(check only one)
II EMIZED F	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16
Any information co or for commercial	ppied from such Reports and s purposes, other than using the	Statements may e name and add	r not be sold or used by any per dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MMITTEE (In Full)			
BORDER HE	EALTH FEDERAL PAC			
Full Name (Las Miguel Gutierrez	st, First, Middle Initial) z	Date of Receipt		
Mailing Addres	s 224 Lindberg	M M / D D / Y		
City		State	Zip Code	Transaction ID: SA11AI.12286
mcallen		TX	78501	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		250.00
Name of Emplo	byer	Occupation		contribution
Receipt For:		physiciar Aggregate	vYear-to-Date ▼	
Primary	General	Ayyreyale		
Other (sp	pecify) 🔻	0 0	1500.00	
Full Name (Las Anna Lisa Guzn	st, First, Middle Initial) nan	- I		Date of Receipt
Mailing Addres	s P.O. Box 720235	0 5 / ^D D D / <u>Y Y Y Y</u> 2 8 2 0 1 0		
City		State	Zip Code	Transaction ID: SA11AI.12094
McAllen		TX	78504	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		50.00
Name of Employed	byer	Occupation physiciar	n n assistant	contribution
Receipt For:		Aggregate	Year-to-Date 🔻	
Primary Other (sp	General General ⊃	0 0	250.00	
Full Name (Las Anna Lisa Guzn	st, First, Middle Initial) nan	<u> </u>		Date of Receipt
	s P.O. Box 720235			0 6 1 7 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.12287
McAllen		ТΧ	78504	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing committee.	C		50.00
Name of Employed	byer	Occupation physiciar	n assistant	contribution
Receipt For:			Year-to-Date 🔻	
Primary Other (sp	General General		300.00	

mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) Haddad ng Address 4008 Burns Drive Sout Ilen ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼	tatements may not be sold or used by any personame and address of any political committee to the state of any political commi	Date of Receipt 0 4 / 1 6 / 2 0 1 0 Transaction ID: SA11AI.11883 Amount of Each Receipt this Period 250.00 contribution
Haddad ng Address 4008 Burns Drive Sout Ilen ID number of contributing al political committee. e of Employer mployed ipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	M M / D D / Y
ID number of contributing al political committee. e of Employer mployed ipt For: Primary General	TX 78503 C Occupation physician Aggregate Year-to-Date	Transaction ID: SA11AI.11883 Amount of Each Receipt this Period 250.00
ID number of contributing al political committee. e of Employer mployed ipt For: Primary General	TX 78503 C Occupation physician Aggregate Year-to-Date	Amount of Each Receipt this Period 250.00
ID number of contributing al political committee. e of Employer mployed ipt For: Primary General	C Occupation physician Aggregate Year-to-Date ▼	250.00
ipt For: Primary General	physician Aggregate Year-to-Date ▼	<pre>contribution</pre>
Primary General		
]
Jame (Last, First, Middle Initial) Haddad	Date of Receipt	
ng Address 4008 Burns Drive Sout	05 / ²⁸ / ² 010	
	State Zip Code	Transaction ID: SA11AI.12096
llen	TX 78503	Amount of Each Receipt this Period
ID number of contributing al political committee.	C	250.00
e of Employer mployed	Occupation physician	
ipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Jame (Last, First, Middle Initial) Haddad		Date of Receipt
ng Address 4008 Burns Drive Sout	h	0 6 / ^D D / Y Y Y Y 0 6 1 7 2 0 1 0
	State Zip Code	Transaction ID: SA11AI.12289
llen	TX 78503	Amount of Each Receipt this Period
ID number of contributing al political committee.	C	250.00
e of Employer mployed	Occupation physician	contribution
ipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
		750.00
	ame (Last, First, Middle Initial) Haddad g Address 4008 Burns Drive Sout len D number of contributing I political committee. of Employer nployed pt For: Primary General Other (specify) ▼	ame (Last, First, Middle Initial) Haddad g Address 4008 Burns Drive South Image: State Zip Code Image: State Image: State Image: Sta

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 159 (check only one) 11a X 11a 13 14 15 16				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribut 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) Thomas Hausle	Date of Receipt					
	Mailing Address 701 South J		04 / 16 / Y Y Y Y 04				
	City	State Zip Code	Transaction ID: SA11AI.11884				
	McAllen	TX 78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	75.00				
	Name of Employer selfemployed	Occupation physician	- contribution				
	Receipt For:	Aggregate Year-to-Date ▼	1				
	Other (specify)	300.00					
	Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt				
	Mailing Address 701 South J		05 / D D / Y Y Y Y 05 / 28 / 2010				
	City	State Zip Code	Transaction ID: SA11AI.12097				
	McAllen	TX 78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	75.00				
	Name of Employer selfemployed	Occupation physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00					
	Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt				
	Mailing Address 701 South J		M M / D D / Y Y Y Y 06 17 2010				
	City	State Zip Code	Transaction ID: SA11AI.12290				
	McAllen	TX 78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	75.00				
	Name of Employer selfemployed	Occupation physician	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00					
Γ	SUBTOTAL of Receipts This Page (optional)	I	225.00				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	ng the name and address of any political committee to	solicit contributions from such committee.	
A. Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼ 529.55	Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.11886 Amount of Each Receipt this Period 100.00 contribution	
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation Occupation Private investor Aggregate Year-to-Date ▼ 629.55	Date of Receipt 0 5 28 2010 Transaction ID: SA11AI.12098 Amount of Each Receipt this Period 100.00 contribution	
C. Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt 0 6 17 2 0 1 0 Transaction ID: SA11AI.12291 Amount of Each Receipt this Period 100.00 contribution	
SUBTOTAL of Receipts This Page (optio	nal)	300.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(for each category of the Detailed Summary Page tatements may not be sold or used by any	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 18 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline $
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana	Date of Receipt	
			04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11891
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation	contribution
		physician	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		05 / 28 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12101
	<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1250.00	
с.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y <th'< td=""></th'<>
	City	State Zip Code	Transaction ID: SA11AI.12294
	<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	1500.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 159 (check only one) X X 11a 11b 11c 12 I3 14 15 16 17	
	using the name and address of any political committee to s		
	Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive		
#40 Villas Jardi City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11890	
mcallen	TX 78503	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt	
#40 Villas Jardi	#40 Villas Jardin		
City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12102	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer selfemployed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nels	on Drive	Date of Receipt	
		0 6 1 7 2 0 1 0 Transaction ID: SA11AI.12295	
mcallen	TX 78503	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
SUBTOTAL of Receipts This Page (op	tional)	750.00	
	number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 70 / 159 (check only one) 11a X 11a 13 14 15 16 17 on for the purpose of soliciting contributions	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road	Date of Receipt			
		0	7. 0. 1	04 16 2010	
	City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.11874 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physicial		contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]	
в.	Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road			Date of Receipt	
	O th	Otata	Zin Onde	05 28 2010	
	City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.12087 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physicial		contribution	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1250.00]	
С.	Full Name (Last, First, Middle Initial) Maria Hoffman			Date of Receipt	
	Mailing Address 802 Inspiration Road	Mailing Address 802 Inspiration Road			
	City	State	Zip Code	Transaction ID: SA11AI.12296	
	pharr	TX	78577	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physicial	า	contribution	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1500.00]	
	SUBTOTAL of Receipts This Page (optional)	· 		750.00	
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein	Date of Receipt	
	Mailing Address 800 East Dove suite L	04 16 Y Y Y Y 04 16 2010	
	City	State Zip Code	Transaction ID: SA11AI.11892
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	223.21
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	436.57	
- В.	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
	Mailing Address 800 East Dove suite L		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12103
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	139.50
	Name of Employer self-employee	Occupation physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	576.07	
– C.	Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein		Date of Receipt
	Mailing Address 800 East Dove suite L	0 6 1 7 Y Y Y Y 0 6 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12297
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	192.02
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 768.09	
Γ	SUBTOTAL of Receipts This Page (optional)	·	554.73
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 72 / 159 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 11 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	aress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande	Date of Receipt		
				04 16 2010
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.11894
	FEC ID number of contributing federal political committee.	C	/65/2	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
В.	Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande			Date of Receipt
		05 28 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12105
	mission FEC ID number of contributing federal political committee.	TX C	78572	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupatio physiciar		- contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1250.00]
С.	Full Name (Last, First, Middle Initial) Vincent Honrubia			Date of Receipt
	Mailing Address 204 Rio Grande			0 6 1 7 Y Y Y Y 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State	Zip Code	Transaction ID: SA11AI.12299
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 159 (check only one) 73 X 11a 11b 11c 12 13 14 15 16 17	
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	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Phil Hunke		Date of Receipt	
	Mailing Address 505 East Newport Lan	е	M M / D D / Y Y Y Y 04 16 2010	
	City	State Zip Code	Transaction ID: SA11AI.11895	
	McAllen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	125.00	
	Name of Employer self-employee	Occupation physician	- contribution	
	Receipt For:	Aggregate Year-to-Date ▼	-	
	Primary General Other (specify)	250.00		
— В.	Full Name (Last, First, Middle Initial) Dr. Phil Hunke		Date of Receipt	
	Mailing Address 505 East Newport Lan	е	05 / 28 / Y Y Y Y 05 / 28	
	City	State Zip Code	Transaction ID: SA11AI.12106	
	McAllen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	125.00	
	Name of Employer self-employee	Occupation physician	Contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) Image: Constraint of the second	375.00		
– C.	Full Name (Last, First, Middle Initial) Dr. Phil Hunke	1	Date of Receipt	
	Mailing Address 505 East Newport Lan	e	0 6 1 7 Y Y Y Y 0 6 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12300	
	McAllen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	125.00	
	Name of Employer self-employee	Occupation physician	contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	Other (specify)	500.00		
Γ	SUBTOTAL of Receipts This Page (optional)		375.00	
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	for e Deta		
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of	any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle			Date of Receipt
				04 16 2010
	City rio grande city		o Code 582	Transaction ID: SA11AI.11898
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date V 1000.00]
В.	Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle			Date of Receipt
				05 28 2010
	City		Code	Transaction ID: SA11AI.12109
	rio grande city FEC ID number of contributing federal political committee.	TX 78	582	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to	-Date 1250.00]
- C.	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt
	Mailing Address 2548 Palm Circle			M M / D D / Y
	City		Code	Transaction ID: SA11AI.12303
	rio grande city FEC ID number of contributing federal political committee.	TX 78	582	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date 1500.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
ľ	TOTAL This Period (last page this line number	only)		

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 159 (check only one)
	TEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	BORDER HEALTH FEDERAL FAC			
∠ A.	Full Name (Last, First, Middle Initial) Gholam Kiani			Date of Receipt
	Mailing Address 213 e. Xenops			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11900
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u>,</u>	- contribution
	selfemployed	physician		
	Receipt For:	1 1 2	Year-to-Date V	-
	Primary General	Aggregate		-
	Other (specify)		1000.00	
				-
	Full Name (Last, First, Middle Initial)			
3.	Gholam Kiani			Date of Receipt
	Mailing Address 213 e. Xenops			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12111
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				- contribution
	Name of Employer selfemployed	Occupation		
	Receipt For:	physician		
	Primary General	Aggregate	Year-to-Date	-
	Other (specify)		1250.00	
		0 0		-
-	Full Name (Last, First, Middle Initial)			
С.	Gholam Kiani			Date of Receipt
	Mailing Address 213 e. Xenops			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12304
	mcallen	TX	78504	Amount of Each Receipt this Period
			70304	Amount of Lach Necelpt this Fehod
	FEC ID number of contributing federal political committee.	С		250.00
	·			contribution
	Name of Employer selfemployed	Occupation		Contribution
		physician		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)		1500.00	
			0 0 0 0 0 0 0	-
Г		1		
	SUBTOTAL of Receipts This Page (optional)			750.00
┝				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street		Date of Receipt
			04 16 2010
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11901 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street		Date of Receipt
			05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12112
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
С.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz		Date of Receipt
	Mailing Address 5111 N. 10th Street		M M / D D / Y Y Y Y 06 17 2010
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12305
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00]
	SUBTOTAL of Receipts This Page (optional)	•	750.00
	TOTAL This Period (last page this line number	only)	

ļ	SCHEDULE A (FEC Form 3X)	Use separate schedul	FOR LINE NUMBER: PAGE 77 / 159
		for each category of th	
		Detailed Summary Pa	ge 13 14 15 16 12
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by a e name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receipt
	Mailing Address 323 Nightingale		M M / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11902
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.	00
_	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receipt
	Mailing Address 323 Nightingale		M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12113
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.	00
- C.	Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receipt
0.	Mailing Address 323 Nightingale		0 6 1 7 Y Y Y Y 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12306
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.	00
ſ	SUBTOTAL of Receipts This Page (optional).	I	750.00
F	TOTAL This Period (last page this line number		
1		- ,,	-

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 159 (check only one) X X 11a 11b 11c 13 14 15 16
		Statements may not be sold or used by any perso e name and address of any political committee to	
A .	Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K		Date of Receipt
			04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11903
		TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician	_
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	1000.00	
в.	Full Name (Last, First, Middle Initial) Jorge Kutugata	•	Date of Receipt
	Mailing Address Rt 2 Box 522-K		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12114
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
- C.	Full Name (Last, First, Middle Initial) Jorge Kutugata	1	Date of Receipt
	Mailing Address Rt 2 Box 522-K		M M / D D / Y Y Y Y 0 6 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12308
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00]
ſ		••••••••••••••••••••••••••••••••••••••	750.00

ITE	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	fc D	lse separate schedule(s) or each category of the betailed Summary Page	FOR LINE NUMBER: PAGE 79 / 159 (check only one)
or fo	VAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address	s of any political committee to	solicit contributions from such committee.
A. 1	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City City City CEC ID number of contributing Cederal political committee. Name of Employer Selfemployed Receipt For: Centrol Primary Centrol Centrol General Other (specify) ▼	State TX C Occupation physician Aggregate Yea	Zip Code 78504 r-to-Date ▼ 1000.00	Date of Receipt
B. 1	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing iederal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Yea	Zip Code 78504 r-to-Date V 1250.00	Date of Receipt Date of Receipt D 2 8 / 2 0 1 0 Transaction ID: SA11AI.12115 Amount of Each Receipt this Period 250.00 contribution
C.	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing rederal political committee. Name of Employer Selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Yea	Zip Code 78504 r-to-Date ▼ 1500.00	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0 Transaction ID: SA11AI.12309 Amount of Each Receipt this Period 250.00 contribution
	BTOTAL of Receipts This Page (optional)			750.00

ç	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 80 / 159
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	
•			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
~ ٩.	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt
	Mailing Address 901 West 9th Street #405			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.11906
	austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
		private inv		
	Receipt For: Primary General	Aggregate Y	Year-to-Date ▼	
	Other (specify)	0 0	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt
	Mailing Address 901 West 9th Street #405			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.12117
	austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		contribution
	Name of Employer self-employed	Occupation private inv	restor	
	Receipt For:	Aggregate \	Year-to-Date 🔻	
	Primary General Other (specify)	0 0	1250.00]
-	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt
	Mailing Address 901 West 9th Street #405			M M / D D / Y Y Y Y 06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12311
	austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private inv	estor	- contribution
	Receipt For:	Aggregate Y	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1500.00]
Γ		1		750.00

SCHEDULE A (F	EC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 159
ITEMIZED RECE	•	for each category of the	(check only one)
	1612	Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 1
Any information copied fro	m such Reports and State	ements may not be sold or used by any pers	son for the purpose of soliciting contributions
or for commercial purpose	s, other than using the na	me and address of any political committee to	to solicit contributions from such committee.
NAME OF COMMITTE	EE (In Full)		
BORDER HEALTH	FEDERAL PAC		
Full Name (Last, First,	Middle Initial)		
Mr. Rolando Longoria			Date of Receipt
Mailing Address 322	243 Road 83		M M / D D / Y Y Y Y
			05 28 2010
City		State Zip Code	Transaction ID: SA11AI.12118
San Benito		TX 78586	Amount of Each Receipt this Period
FEC ID number of cont	tributing		
federal political commit		C	50.00
Name of Employer		Occupation	contribution
selfemployed		private investor	
Receipt For:		Aggregate Year-to-Date ▼	
Primary	General		
Other (specify)	,	250.00	
•••• (• •••) / •	' 		
Full Name (Last, First,	Middle Initial)		
Mr. Rolando Longoria			Date of Receipt
Mailing Address 322	M3 Road 83		
	.45 Hoad 05		06 17 2010
City		State Zip Code	Transaction ID: SA11AI.12313
San Benito		TX 78586	Amount of Each Receipt this Period
		17 70500	
FEC ID number of cont		C	50.00
federal political commit	lee.		
Name of Employer		Occupation	contribution
selfemployed		private investor	
Receipt For:	I	Aggregate Year-to-Date V	
			_
Primary	General		
Other (specify)	General	300.00	
Other (specify)		300.00	
Other (specify)	7	300.00	
	7	300.00	Date of Receipt
Full Name (Last, First, Alfredo Lopez	Middle Initial)	300.00	Date of Receipt
Full Name (Last, First, Alfredo Lopez	7	300.00	
Full Name (Last, First, Alfredo Lopez Mailing Address 760	Middle Initial)		M M / D D / Y Y Y Y 0 4 16 2010
City	Middle Initial)	State Zip Code	M / D / Y
Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen	Middle Initial) 99 N. 24th Circle		M M / D D / Y Y Y Y 0 4 16 2010
City FEC ID number of cont	Middle Initial) 09 N. 24th Circle	State Zip Code TX 78504	M / D / Y
Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen	Middle Initial) 09 N. 24th Circle	State Zip Code	M M / D D / Y
City FEC ID number of cont federal political commit	Middle Initial) 09 N. 24th Circle	State Zip Code TX 78504	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11909 Amount of Each Receipt this Period
City FEC ID number of cont	Middle Initial) 09 N. 24th Circle	State Zip Code TX 78504 C Occupation	M M / D 0 Y
City FEC ID number of cont federal political commit Name of Employer Selfemployed	Middle Initial) 09 N. 24th Circle	State Zip Code TX 78504 C Occupation physician	M M / D D / Y
Other (specify) ▼ Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen FEC ID number of control federal political committed Name of Employer selfemployed Receipt For:	Middle Initial) 99 N. 24th Circle tributing tee.	State Zip Code TX 78504 C Occupation	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11909 Amount of Each Receipt this Period 50.00
Other (specify) Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen FEC ID number of control federal political committed Name of Employer selfemployed Receipt For: Primary	Middle Initial) 99 N. 24th Circle tributing tee.	State Zip Code TX 78504 C Occupation physician	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11909 Amount of Each Receipt this Period 50.00
Other (specify) ▼ Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen FEC ID number of control federal political committed Name of Employer selfemployed Receipt For:	Middle Initial) 99 N. 24th Circle tributing tee.	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date	M M / D 0 Y
Other (specify) Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen FEC ID number of control federal political committed Name of Employer selfemployed Receipt For: Primary	Middle Initial) 99 N. 24th Circle tributing tee.	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11909 Amount of Each Receipt this Period 50.00
Other (specify) Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen FEC ID number of cont federal political committ Name of Employer selfemployed Receipt For: Primary Other (specify)	Middle Initial) 09 N. 24th Circle tributing tee. General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 800.00	M M / D D / Y
Other (specify) Full Name (Last, First, Alfredo Lopez Mailing Address 760 City mcallen FEC ID number of cont federal political committ Name of Employer selfemployed Receipt For: Primary Other (specify)	Middle Initial) 09 N. 24th Circle tributing tee. General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11909 Amount of Each Receipt this Period 50.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions rementions rementions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C	Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0 Transaction ID: SA11AI.12120 Amount of Each Receipt this Period 50.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 850.00]
В.	Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle	State Zip Code	Date of Receipt M = M / $D = D$ / $Y = Y = Y0 = 6$ / $1 = 7$ / $2 = 0 = 10Transaction ID: SA11AI.12314$
	mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation	Amount of Each Receipt this Period 50.00 contribution
	Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ♥ 900.00]
с.	Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street		Date of Receipt
	City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID: SA11AI.11910 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 992.11	contribution
	SUBTOTAL of Receipts This Page (optional)	·	350.00
F	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may r	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE NUMBER: PAGE 83 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 110 110 110
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and addre	ess of any political committee to	o solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street			Date of Receipt
	City	State	Zip Code	0 5 2 8 2 0 1 0 Transaction ID: SA11AI.12121
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		233.95
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 1226.06]
- B.	Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street			Date of Receipt
				06 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.12315
	weslaco FEC ID number of contributing federal political committee.	TX C	78596	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 1476.06]
с.	Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court I	East		Date of Receipt
	City	State	Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11912
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	fear-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)	-		733.95
	TOTAL This Period (last page this line number	r only)	 	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 159 (check only one) (check 112) X 112 13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
لا م.	Full Name (Last, First, Middle Initial) Salil Mangi	Date of Receipt	
	Mailing Address 3801 Sundown Court	East	05 / ^D ^D ^D ^D ^P ^Y
	City	State Zip Code	Transaction ID: SA11AI.12123
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	1250.00]
—	Full Name (Last, First, Middle Initial) Salil Mangi	I	Date of Receipt
	Mailing Address 3801 Sundown Court	M M / D D / Y Y Y Y 06 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.12317
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00]
_	Full Name (Last, First, Middle Initial) Carlos Manrique	1	Date of Receipt
	Mailing Address 116 Cardinal		M M / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11913
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
Γ			750.00

ا ۲	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions rementions rementions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				
۷ ۸.	Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal	Date of Receipt			
				05 / 28 / Y Y Y 2010	
	City	State	Zip Code	Transaction ID: SA11AI.12124	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation		contribution	
	Receipt For:	physician	_		
	Primary General	Aggregate	Year-to-Date V	-	
	Other (specify)	0 0	1250.00]	
- В.	Full Name (Last, First, Middle Initial) Carlos Manrique			Date of Receipt	
	Mailing Address 116 Cardinal	06 / 17 / Y Y Y Y 2010			
	City	State	Zip Code	Transaction ID: SA11AI.12318	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupation physician		- contribution	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	1500.00]	
- C.	Full Name (Last, First, Middle Initial) Guillermo Marquez			Date of Receipt	
	Mailing Address 1702 Trinity Road			M M / D D / Y	
	City	State	Zip Code	Transaction ID: SA11AI.11914	
	mission	TX	78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of EmployerOccupationselfemployedphysician			- contribution	
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	1000.00]	
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00	
ŀ	TOTAL This Period (last page this line number				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 159 (check only one) 11a X 11a 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Guillermo Marquez		Date of Receipt	
	Mailing Address 1702 Trinity Road	05 / 28 / Y Y Y Y 2010		
	City	State Zip Code	Transaction ID: SA11AI.12125	
	mission	TX 78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation	contribution	
	Receipt For:	physician Aggregate Year-to-Date		
	Primary General			
	Other (specify)	1250.00		
- В.	Full Name (Last, First, Middle Initial) Guillermo Marguez		Date of Receipt	
Б.	Mailing Address 1702 Trinity Road		0 6 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12319	
	mission	TX 78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	contribution	
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General Other (specify)	1500.00		
- C.	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt	
	Mailing Address 7603 N. 2nd Lane		0 4 1 6 Y Y Y Y Y 0 4 1 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.11915	
	mcallen	TX 78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer selfemployed	e of Employer Occupation employed physician		
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 1000.00		
	Other (specify)			
	SUBTOTAL of Receipts This Page (optional)		▶ 750.00	
ŀ	TOTAL This Period (last page this line number	only)	•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۷ A.	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
	Mailing Address 7603 N. 2nd Lane		05 / 28 / Y Y Y Y 005 / 28 / 2010
	City	State Zip Code	Transaction ID: SA11AI.12126
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician Aggregate Year-to-Date	
	Primary General		_
	Other (specify)	1250.00	
- В.	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
	Mailing Address 7603 N. 2nd Lane	0 6 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12320
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1500.00	
- C.	Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt
	Mailing Address 1903 W. Smith		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11916
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)		750.00
╞	TOTAL This Period (last page this line number		

		Г		FOR LINE NUMBER: PAGE 88 / 159	
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)	
			for each category of the Detailed Summary Page	X 11a 11b 11c 12	
_			Detailed Gammary Tage	13 14 15 16 17	
Γ	Any information copied from such Reports and S	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
×	or for commercial purposes, other than using the	e name and add	ress of any political committee to	o solicit contributions from such committee.	
	BORDER HEALTH FEDERAL PAC				
A.	Full Name (Last, First, Middle Initial) Ricardo Martinez	Date of Receipt			
	Mailing Address 1903 W. Smith			M M / D D / Y	
	City	State	Zip Code	Transaction ID: SA11AI.12127	
	edinburg	ТХ	78539	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		250.00	
	federal political committee.				
	Name of Employer	Occupation	1	contribution	
	selfemployed	physician			
	Receipt For:	1	Year-to-Date V		
	Primary General	Primary General			
	Other (specify)	0 0	1250.00	1	
	Full Name (Last, First, Middle Initial)	1			
В.	Ricardo Martinez			Date of Receipt	
	Mailing Address 1903 W. Smith			0 6 1 7 Y Y Y Y 0 1 7 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.12321	
	edinburg	ТХ	78539	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
				contribution	
	Name of Employer selfemployed	Occupation physician			
	Receipt For:	1 1 2 2	Year-to-Date V	—	
	Primary General	riggrogato		1	
	Other (specify)		1500.00]	
- C.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez	1		Date of Receipt	
.	Mailing Address 2809 Santa Lydia				
				05 28 2010	
	City	State	Zip Code	Transaction ID: SA11AI.12128	
	Mission	ТХ	78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		100.00	
				contribution	
	Name of Employer self-employee	Occupation physician			
	Receipt For:	1 1 2	Year-to-Date V	-	
	Primary General	7 iggi oguto		1	
	Other (specify) 🔻	0 0	300.00]	
Г		1			
	SUBTOTAL of Receipts This Page (optional)			600.00	
ŀ	· · · ·			-	
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC For	n 3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 159			
ITEMIZED RECEIPTS	for each category of the	(check only one)			
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may not be sold or used by any perso	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initia Dr. Robert Martinez	()	Date of Receipt			
	Mailing Address 2809 Santa Lydia				
City	State Zip Code	Transaction ID: SA11AI.12322			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer self-employee	Occupation physician	- contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	400.00				
Other (specify) ▼					
Full Name (Last, First, Middle Initia Santos Martinez)	Date of Receipt			
Mailing Address 125 East Yuco	Ca	M M / D D / Y			
City	State Zip Code	Transaction ID: SA11AI.11918			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed	Occupation private investor	- contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) The second seco	1000.00				
Full Name (Last, First, Middle Initia Santos Martinez)	Date of Receipt			
Mailing Address 125 East Yuco	ca	05 28 2010			
City	State Zip Code	Transaction ID: SA11AI.12129			
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed	Occupation private investor	- contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1250.00				
SUBTOTAL of Receipts This Page (poptional)	600.00			
TOTAL This Period (last page this lin	e number only)				

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 90 / 159	
		Use separate schedule(s) for each category of the	(check only one)	
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 11 \\ \hline \end{array}$	
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt	
	Mailing Address 125 East Yucca		M M / D D / Y Y Y Y Y 06 / 17 2010	
	City	State Zip Code	Transaction ID: SA11AI.12323	
	mcallen	TX 78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer self-employed	Occupation private investor	- contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Other (specify) ▼	1500.00	1	
	Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt	
	Mailing Address 1516 Iris	M M / D D / Y Y Y Y 04 16 2010		
	City	State Zip Code	Transaction ID: SA11AI.11920	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	- contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼	1000.00]	
	Full Name (Last, First, Middle Initial) Pedro McDougal	1	Date of Receipt	
	Mailing Address 1516 Iris		M M / D D / Y Y Y Y 05 28 2010	
	City	State Zip Code	Transaction ID: SA11AI.12131	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Name of Employer Occupation selfemployed physician		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼	1250.00]	
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the) FOR LINE NUMBER: PAGE 91 / 159 (check only one)	
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1 ¹	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
. Z	Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt	
	Mailing Address 1516 Iris		M · M / D · D / Y · Y · Y · Y 0 6 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12325	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer selfemployed	Occupation physician	contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	1500.00		
	Full Name (Last, First, Middle Initial) Bertha Medina	1	Date of Receipt	
	Mailing Address 1300 1 1/2 Street	0 4 / D D / Y Y Y Y 0 4 2 0 1 0		
	City	State Zip Code	Transaction ID: SA11AI.11922	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼	1000.00		
	Full Name (Last, First, Middle Initial) Bertha Medina	1	Date of Receipt	
	Mailing Address 1300 1 1/2 Street			
	City	State Zip Code	Transaction ID: SA11AI.12133	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	contribution	
	Receipt For: Primary General	Aggregate Year-to-Date		
	Other (specify)	1250.00		
Γ	SUBTOTAL of Receipts This Page (optional)	1	750.00	

				FOR LINE NUMBER: PAGE 92 / 159		
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)		
			for each category of the	X 11a $11b$ 11c 12		
			Detailed Summary Page			
ſ	Any information copied from such Reports and Si	tatomonte ma	v not be sold or used by any perso			
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.		
1	NAME OF COMMITTEE (In Full)					
	BORDER HEALTH FEDERAL PAC					
,	Full Name (Last, First, Middle Initial)					
Α.	Bertha Medina			Date of Receipt		
	Mailing Address 1300 1 1/2 Street	Mailing Address 1300 1 1/2 Street				
		01-11-	Zia Oada	06 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12327		
	mcallen	TX	78501	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer	Occupatio	n	contribution		
	selfemployed	oved physician				
	Receipt For:		e Year-to-Date 🔻	-		
	Primary General	, iggi ogut	1			
	Other (specify)					
				-		
-	Full Name (Last, First, Middle Initial)					
В.	Manuel Mercado			Date of Receipt		
	Mailing Address 3002 Santa Susana			M M / D D / Y Y Y Y		
		.		04 16 2010		
	City	State	Zip Code	Transaction ID: SA11AI.11923		
	mission	TX	78572	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer Occupatio		on	- contribution		
	selfemployed	physicia				
			e Year-to-Date 🔻			
	Primary General			1		
	Other (specify) 🔻		1000.00			
_						
~	Full Name (Last, First, Middle Initial)					
C.	Manuel Mercado			Date of Receipt		
	Mailing Address 3002 Santa Susana			05 28 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12134		
	mission	TX	78572			
			10312	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupatio		contribution		
		physicia	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		1250.00			
	Other (specify) 🔻					
r						
				750.00		
	SUBTOTAL of Receipts This Page (optional)			/30.00		
Ī						
	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	FOR LINE NUMBER: PAGE 93 / 159 (check only one)	
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions	
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt	
	Mailing Address 3002 Santa Susana		0 6 1 7 Y Y Y Y 0 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12328	
	mission	TX 78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	- contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	 Primary General Other (specify) ▼ 	1500.00]	
В.	Full Name (Last, First, Middle Initial) Scott Meyer		Date of Receipt	
	Mailing Address 2100 School Lane	M M / D D / Y Y Y Y Y 04 16 2010		
	City	State Zip Code	Transaction ID: SA11AI.11924	
	Mission	TX 78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		contribution	
	Name of Employer	Occupation private investor	contribution	
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General Other (specify) ▼	225.00		
С.	Full Name (Last, First, Middle Initial) Scott Meyer	l	Date of Receipt	
	Mailing Address 2100 School Lane		05 / 28 / Y Y Y Y 2010	
	City	State Zip Code	Transaction ID: SA11AI.12135	
	Mission	TX 78572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		75.00	
	Name of Employer	Occupation private investor	contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	 Primary General Other (specify) ▼ 	300.00		
	SUBTOTAL of Receipts This Page (optional)	·	400.00	
	TOTAL This Period (last page this line number	only)		

			FOR LINE NUMBER: PAGE 94 / 159
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the		
		hame and address of any political committee	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	bondenneaenn edenaer ag		
Α.	Full Name (Last, First, Middle Initial) Scott Meyer		Date of Receipt
	Mailing Address 2100 School Lane		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12329
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing		75.00
	federal political committee.		75.00
	Name of Employer	Occupation	contribution
	Receipt For:		
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	375.00	
	Full Name (Last, First, Middle Initial)		
В.	Carlos Mohamed		Date of Receipt
	Mailing Address 5408 N. Cynthia		0 4 / D D / Y Y Y Y 0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11925
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		230.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.00	
	Other (specify)		
с.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.		Date of Receipt
Э.	Mailing Address 2821 Michael Angelo		M M / D D / Y Y Y Y
			04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11926
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing	С	100.00
	federal political committee.		
	Name of Employer self-employed	Occupation	contribution
		physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	400.00	
		v v v v v v v v v v v v v v v v v	
			425.00
	SUBTOTAL of Receipts This Page (optional)		▶ 425.00
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	SCHEDULE A (FEC Form 3X)		se separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 159
	TEMIZED RECEIPTS	fo	r each category of the	(check only one)
			etailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not l e name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
, A.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
	Mailing Address 5408 N. Cynthia			M M / D D / Y
	City		Zip Code	Transaction ID: SA11AI.12136
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year	r-to-Date 🔻	
	Primary General		1250.00	1
	Other (specify) ▼	0 0 0	1200.00	1
в.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
	Mailing Address 2821 Michael Angelo	M M / D D / Y Y Y Y 05 28 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12137
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employed	Occupation physician		- contribution
	Receipt For:	Aggregate Year	r-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
- C.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
0.	Mailing Address 5408 N. Cynthia			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12330
	<u>mcallen</u>	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year	r-to-Date 🔻	
	Primary General Other (specify) ▼		1500.00]
	SUBTOTAL of Receipts This Page (optional)	I		600.00
	TOTAL This Period (last page this line number		•	
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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 96 / 159
	• • •		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
ſ				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	BORDER HEALTH FEDERAL PAC			
	/			
Α.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
	Mailing Address 2821 Michael Angelo	0 6 1 7 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.12331
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer self-employed	Occupatio	n	contribution
	self-employed			
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		600.00	
	Other (specify)	0 0		1
	Full Name (Last, First, Middle Initial)			Data of Decide
В.	Dr. Armando Moncada Mailing Address 1421 North 2nd Street			Date of Receipt
	Maning Address 1421 North 2nd Street			04 16 Y Y Y Y 04 16
	City	State	Zip Code	Transaction ID: SA11AI.11927
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer	Occupatio	n	- contribution
	self-employee	physiciar	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		400.00	
_		0 0	0 0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Dr. Armando Moncada			Date of Receipt
•	Mailing Address 1421 North 2nd Street			M M / D D / Y Y Y Y
				05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12138
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	·			contribution
	Name of Employer self-employee	Occupatio physiciar		
	Receipt For:	1 · · ·	e Year-to-Date 🔻	
	Primary General	, iggi ogait		1
	Other (specify) 🔻		600.00	1
[I		
	SUBTOTAL of Receipts This Page (optional)			500.00
ŀ				
	TOTAL This Period (last page this line number	only)	Þ	

				FOR LINE NUMBER: PAGE 97 / 159
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
r				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Armando Moncada			Date of Receipt
	Mailing Address 1421 North 2nd Street	M M / D D / Y Y Y Y 06 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12332
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupatio	n	contribution
	self-employee	physicia	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		800.00	
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Carlos Morales			Date of Receipt
	Mailing Address 3325 Kent Lane	0 4 1 6 Y Y Y Y 0 4 1 6 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.11928
	mcallen	ТХ	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	1 1 2	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial)			Data of Dessist
C.	Carlos Morales Mailing Address 3325 Kent Lane			Date of Receipt
	<u></u>	Otata	Zie Oode	05 28 2010
	City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.12139
			76505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	1 1 2	e Year-to-Date 🔻	
	Primary General Other (specify)		1250.00	
		0.0	0 0 0 0 0 0 0 0	
	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line number	only)		r

ç	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 98 / 159
		Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Carlos Morales		Date of Receipt
	Mailing Address 3325 Kent Lane	06 / ^D D / ^Y Y Y Y 2010	
	City	State Zip Code	Transaction ID: SA11AI.12333
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General	1500.00	
	Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11929
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12140
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	750.00
F	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form	3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 159
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any person ing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
BORDER HEALTH FEDERAL P	AC	
Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Driv	ve	0 6 / 1 7 / Y Y Y Y 0 0 1 7 / 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12334
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1500.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Lauren Naylor		Date of Receipt
Mailing Address 3020 Melinda Dr	ive	M - M / D - D Y Y - Y Y 0 5 2 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12141
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3020 Melinda Dr	ive	0 6 1 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12335
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	onal)	350.00
SUBTOTAL OF Necelipts This Page (option	•	
TOTAL This Period (last page this line n	umber only)	

	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.12142
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa	l	Date of Receipt
	City	State Zip Code	06172010 Transaction ID: SA11AI.12336
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 300.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt
	City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11932
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	·	200.00

SCH	IEDULE A (FEC Form 3X)		parate schedule(s)	FOR LINE NUMBER: PAGE 101 / 159 (check only one)
ITEN	MIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12
				13 14 15 16
Any in or for	formation copied from such Reports and St commercial purposes, other than using the	atements may not be solo name and address of any	d or used by any person political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NA NA	ME OF COMMITTEE (In Full)			
В	ORDER HEALTH FEDERAL PAC			
	ll Name (Last, First, Middle Initial) . Noel Olveira			Date of Receipt
Ma	ailing Address 9917 Bentsen Road			M - M / D - D / Y - Y - Y Y
Cit	-	State Zip Co	ode	Transaction ID: SA11AI.12143
M	cAllen	TX 78504		Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		100.00
Na	ime of Employer Ifemployed	Occupation		contribution
	ceipt For:	physician		4
Re	Primary General	Aggregate Year-to-Da	ate V	
	Other (specify)		500.00	
	II Name (Last, First, Middle Initial) . Noel Olveira			Date of Receipt
Ma	ailing Address 9917 Bentsen Road			M M / D D / Y Y Y Y 06 17 2010
Cit	ay and a second s	State Zip Co	ode	Transaction ID: SA11AI.12337
M	cAllen	TX 78504		Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		100.00
Na se	ime of Employer Ifemployed	Occupation physician		contribution
Re	eceipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary General Other (specify) v		600.00	
	II Name (Last, First, Middle Initial)			Date of Receipt
	Armando Osio Mailing Address 600 Tulip			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Cit	Υ.	State Zip Co	ode	Transaction ID: SA11AI.11933
	callen	TX 78504		Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		250.00
Na	me of Employer Ifemployed	Occupation physician		contribution
Re	ceipt For:	Aggregate Year-to-Da	ite 🔻	1
_	Primary General Other (specify) 🔻		1000.00	

_				FOR LINE NUMBER: PAGE 102 / 159
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a $11b$ 11c 12
			Detailed Summary Page	
A c	Any information copied from such Reports and r for commercial purposes, other than using th	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Armando Osio			Date of Receipt
	Mailing Address 600 Tulip			05 / 28 / Y Y Y Y 025 / 28 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.12144
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio		contribution
	Receipt For:	physicia		
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)	0 0	1250.00	
	Full Name (Last, First, Middle Initial) Armando Osio			Date of Receipt
	Mailing Address 600 Tulip			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12338
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	- · · · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1500.00	
	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo			Date of Receipt
	Mailing Address 1601 Sebastian Drive			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12339
	Mission	ТΧ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self-employee	Occupatio		
		private ir		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
Γ		1		550.00

Ary information copied from such Reports and Statements may not be sold or used by any present for the purpose of soliciting contributions for such committee. NAME CF COMMITTEE (un Full) NAME CF COMMITTEE (un Full) BORDER HEALTH FEDERAL PAC A. Full many (Last, First, Midde Initial)	ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 159 (check only one)
A. Meaning Address 121 E. Quamasia Maining Address 121 E. Quamasia (iv) State Zip Code Transaction ID: SA11AI.11935 Amount of Each Receipt this Period FEC ID number of contributing C Amount of Each Receipt this Period Name of Engloyer Occupation physician Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 121 E. Quamasia 1000.00 #148 City State Zip Code Name of Case, First, Middle Initial) Period Transaction ID: SA11AI.12146 Anount of Each Receipt Init Period TX 7251 City State Zip Code mcallen TX 72501 Premado Olero Primary General Other (specify) Aggregate Year-to-Date ▼ Cocupation Primary General C Aggregate Year-to-Date ▼ Ctity State Zip Code Transaction ID: SA11AI.12146 Annount of Each Receipt Inits Period To T Transaction ID: SA11AI.12146 Aggregate Year-to-Date T To T <t< th=""><th></th><th>or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)</th><th>tatements may not be sold or used by any person name and address of any political committee to</th><th>on for the purpose of soliciting contributions o solicit contributions from such committee.</th></t<>		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Primary General Other (specify) ▼ Image: specify specify) ▼ B. Full Name (Last, First, Middle Initial) Fernando Olero Maling Address Maling Address 121 E. Quamasia #148 Image: specify) ▼ City State TX 78501 FEC ID number of contributing federal political committee. Image: specify) T Name of Employer sployer Occupation physician Primary General Other (specify) ▼ Image: specify) T C. Full Name (Last, First, Middle Initial) Fernando Otero Primary General Obsective Specify) ▼ City State Zip Code Transaction ID: SA11AL12146 City Aggregate Year-to-Date ▼ Maling Address 121 E. Quamasia #148 Tity 7 2010 City State Zip Code Maling Address 121 E. Quamasia #148 Tity 7 2010 Transaction ID: SA11AL12340 Mount of Each Receipt Init Period Image: specify Signal Aggregate Year-to-Date ▼ Selent polyce	A.	Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78501 C Occupation physician	M M / D D / Y
B. Fernando Otero Date of Receipt Mailing Address 121 E. Quamasia #148 City State Zip Code mcallen TX 78501 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation physician Aggregate Year-to-Date ▼ Contribution Primary General 0250.00 Contribution Ctiy State Zip Code Contribution Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 121 E. Quamasia 1250.00 Contribution #148 State Zip Code Transaction ID: SA11AI.12340 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt this Period City State Zip Code Transaction ID: SA11AI.12340 Amount of Each Receipt this Period 250.00 contribution FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physician Aggregate Year-to-Date ▼ Contribution Name of E	_	Other (specify)]
C. Fernando Otero Date of Receipt Mailing Address 121 E. Quamasia #148 Date of Receipt City State Zip Code mcallen TX 78501 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed Occupation physician C contribution Receipt For: Aggregate Year-to-Date C contribution Other (specify) ▼ General 1500.00 contribution	В.	Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date	M M / D D Y
SUBTOTAL of Receipts This Page (optional)	С.	Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date	M M / D D Y
		SUBTOTAL of Receipts This Page (optional)	•	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 104 / 159 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
A oi	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left[\right]$			
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
	Mailing Address 2305 Red River		04 16 YYYY 04 16
	City	State Zip Code	Transaction ID: SA11AI.11936
	mcallen	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer selfemployed	Occupation	- contribution
	Receipt For:	physician Aggregate Year-to-Date	
	Primary General	300.00	1
	Other (specify)		
	Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
	Mailing Address 2305 Red River		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12147
	mcallen	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	375.00]
	Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
	Mailing Address 2305 Red River		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12341
	mcallen	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00]
		1	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 / 159
		for each category of the	
I	I EIVIIZED RECEIPI 5	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16
/	ny information copied from such Reports and S	tatements may not be sold or used by any p	person for the purpose of soliciting contributions
	r for commercial purposes, other than using the	e name and address of any political committe	
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Z	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.		Date of Receipt
	Mailing Address P.O. Box 3669		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12148
	Edinburg	TX 78540	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		50.00
	Name of Employer	Occupation	contribution
	selfemployed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify) 🔻	250.00	. []
_			
	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.		Date of Receipt
	Mailing Address P.O. Box 3669		
			06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12342
	Edinburg	TX 78540	Amount of Each Receipt this Period
	FEC ID number of contributing		50.00
	federal political committee.		50.00
	Name of Employer	Occupation	contribution
	selfemployed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	300.00	
_	Full Name (Last, First, Middle Initial) Prakash Palimar	1	Date of Receipt
	Mailing Address 121 Canary		M M / D D / Y Y Y Y
			04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11938
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing	C	250.00
	federal political committee.		
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	1000.00	
	Other (specify)		<u>. </u>
			I
Γ			350.00

	SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 106 / 159
	•	Use separate schedule for each category of the	e(s) (check only one)
	TEMIZED RECEIPTS	Detailed Summary Pag	je X 11a 11b 11c 12
-			13 14 15 16 17
	or for commercial purposes, other than using t	Statements may not be sold or used by an he name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
~ ۹.	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary	M + M / D - D / Y + Y + Y Y 0 5 2 8 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12149
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	selfemployed		
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1250.0	00
	Other (specify)		
- 3.	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12343
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1500.0	00
-).	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares		Date of Receipt
	Mailing Address 24399 Dillworth Roa	d	0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11939
	,	·	
	Harlingen	TX 78552	Amount of Each Receipt this Period
	Harlingen FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing		
	FEC ID number of contributing federal political committee.	C	125.00
	FEC ID number of contributing federal political committee. Name of Employer selfemployed	C Occupation physician	contribution
Γ	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	C Occupation physician Aggregate Year-to-Date ▼ 500.0	125.00 contribution

	SCHEDULE A (FEC Form 3X)		eparate schedule(s)	FOR LINE NUMBER: PAGE 107 / 159 (check only one)
	ITEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be so name and address of ar	old or used by any persony political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
۷ A.	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
	Mailing Address 24399 Dillworth Road			05 / 28 / Y Y Y Y 2010
	City	State Zip C		Transaction ID: SA11AI.12150
	<u>Harlingen</u>	TX 7855	52	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-to-D	Date 🔻	
	Primary General Other (specify) ▼		625.00]
- B.	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
	Mailing Address 24399 Dillworth Road			M M / D D / Y Y Y Y 06 17 2010
	City	State Zip C	Code	Transaction ID: SA11AI.12344
	<u>Harlingen</u>	TX 7855	52	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-to-E	Date 🔻	
	Primary General Other (specify) ▼		750.00]
- C.	Full Name (Last, First, Middle Initial) Eduardo Peguero			Date of Receipt
	Mailing Address P.O.Box 5959			M M / D D / Y Y Y Y 04 16 2010
	City	State Zip C	Code	Transaction ID: SA11AI.11940
	McAllen	TX 7850)2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-employed	Occupation physcian		- contribution
	Receipt For:	Aggregate Year-to-D	Date 🔻	
	Primary General Other (specify) ▼		600.00]
ſ	SUBTOTAL of Receipts This Page (optional)			400.00
ŀ	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 159 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor e name and address of any political committee to a	n for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
	Mailing Address P.O.Box 5959		05 / 28 / Y Y Y Y 05 2010
	City	State Zip Code	Transaction ID: SA11AI.12151
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self-employed	Occupation physcian	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	PrimaryGeneralOther (specify) ▼	750.00	
– B.	Full Name (Last, First, Middle Initial) Eduardo Peguero	1	Date of Receipt
	Mailing Address P.O.Box 5959		0 6 / 1 7 / Y Y Y Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: SA11AI.12345
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self-employed	Occupation physcian	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena	I	Date of Receipt
	Mailing Address 3716 Tigris		
	City	State Zip Code	Transaction ID: SA11AI.12152
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•	350.00
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 109 / 159
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	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	X IIa IIb IIC I2 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
A .	Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
	Mailing Address 3716 Tigris		M · M / D · D / Y · Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.12346
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify)	300.00	
		0 0 0 0 0 0 0 0 0	
в.	Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
	Mailing Address 100 Bluebird		M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11942
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1000.00	
С.	Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
0.	Mailing Address 100 Bluebird		0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12153
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1250.00	
			550.00
	SUBTOTAL of Receipts This Page (optional)	•	
	TOTAL This Period (last page this line number	only)	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 / 159 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
×.	Full Name (Last, First, Middle Initial) Jose Pena			Date of Receipt
	Mailing Address 100 Bluebird			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.12347
	mcallen FEC ID number of contributing	TX	78504	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio		contribution
	Receipt For:	physiciar Aggregate	PYear-to-Date ▼	_
	Primary General	, iggi oguio		1
	Other (specify)	0 0	1500.00	
_	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
I	Mailing Address 905 S. Huisache Cour	rt		M M / D D / Y Y Y Y
	City	State	Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11943
	pharr	ТХ	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio private ir		
	Receipt For:		Year-to-Date V	—
	Primary General Other (specify) ▼		1000.00]
_	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
	Mailing Address 905 S. Huisache Cour	rt		05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12154
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio private ir		contribution
	Receipt For:	- + · ·	Year-to-Date	_
	Primary General Other (specify) ▼	0 0	1250.00]
Γ				750.00

C			FOR LINE NUMBER: PAGE 111 / 159
	SCHEDULE A (FEC Form 3X)	Use separate sche for each category o	dule(s) (check only one)
ľ	TEMIZED RECEIPTS	Detailed Summary	
_		,	13 14 15 16 17
,	or for commercial purposes, other than using the	Statements may not be sold or used by a name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
<i>ب</i> د ۱.	Full Name (Last, First, Middle Initial) Juan Pena		Date of Receipt
	Mailing Address 905 S. Huisache Cour	t	0 6 / Y Y Y Y 0 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12348
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	150	00.00
	Other (specify) ▼		
	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira	•	Date of Receipt
	Mailing Address 7005 North Cynthia		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11944
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	30	00.00
_	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira		Date of Receipt
•	Mailing Address 7005 North Cynthia		0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12155
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		150.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		50.00
	Other (specify)		
Г		I	

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 112/159
	· · ·		Use separate schedule(s) for each category of the		(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
Г					13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any dress of any political commit	ttee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira				Date of Receipt
	Mailing Address 7005 North Cynthia				0 6 / D D / Y Y Y Y 0 6 17 2010
	City	State	Zip Code		Transaction ID: SA11AI.12349
	McAllen	TX	78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			150.00
	Name of Employer		contribution		
	self-employee	Occupation physicial			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		600.00	0	
	Other (specify)	0 0			
в.	Full Name (Last, First, Middle Initial) Ernie Perez	•			Date of Receipt
	Mailing Address P.O. Box 5360				04 16 2010
	City	State	Zip Code		Transaction ID: SA11AI.11945
	mcallen	ТХ	78502		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			134.26
	Name of Employer self-employed	Occupation private in			contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻		1
	Primary General Other (specify) ▼		452.12	2	
-	Full Name (Last, First, Middle Initial)				Data of Dessist
C.	Ernie Perez Mailing Address P.O. Box 5360				Date of Receipt
		Stata	Zip Code		05 28 2010
	City mcallen	State TX	78502		Transaction ID: SA11AI.12156
			78302		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			83.92
	Name of Employer self-employed	Occupation private in			contribution
	Receipt For:		e Year-to-Date 🔻		1
	Primary General			4	
	Other (specify)	0 0	536.04	4	
	SUBTOTAL of Receipts This Page (optional)			•	368.18
				•	
	TOTAL This Period (last page this line number	r only)			

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1 ⁺
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۹.	Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt
	Mailing Address P.O. Box 5360		0 6 / 1 7 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12350
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	115.51
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	651.55	
. –	Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
	Mailing Address 6912 N. Peking		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11946
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 885.80]
	Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
	Mailing Address 6912 N. Peking		M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12157
		TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.63]
Γ	SUBTOTAL of Receipts This Page (optional)	·	536.34

(SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 114 / 159
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Claudia Pierson			Date of Receipt
	Mailing Address 6912 N. Peking			0 6 1 7 Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12351
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		235.14
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For:	1	e Year-to-Date 🔻	
	Primary General	- iggi igu	1291.77	1
	Other (specify)	0 0		
- В.	Full Name (Last, First, Middle Initial) Sergio Preciado			Date of Receipt
	Mailing Address 521 E. Bluebird			M M / D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11949
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	993.01]
- C.	Full Name (Last, First, Middle Initial) Sergio Preciado			Date of Receipt
0.	Mailing Address 521 E. Bluebird			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12160
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		234.82
	Name of Employer selfemployed	Occupation physicial		
	Receipt For:		e Year-to-Date 🔻	1
	Primary General Other (specify) ▼		1227.83]
ſ				719.96
ļ	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		•

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fore	e separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 115 / 159 (check only one)
•		Det	ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be e name and address o	e sold or used by any perso f any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
. Z	Full Name (Last, First, Middle Initial) Sergio Preciado			Date of Receipt
	Mailing Address 521 E. Bluebird			M M / D D / Y Y Y Y 06 17 2010
	City		p Code	Transaction ID: SA11AI.12354
	mcallen	TX 78	3504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-te	o-Date 🔻	1
	Primary General Other (specify) ▼		1477.83	
_	Full Name (Last, First, Middle Initial) Sergio Ramirez	I		Date of Receipt
	Mailing Address 1608 Woods Drive			M M / D D / Y
	City	State Zi	p Code	Transaction ID: SA11AI.11950
	mission	TX 78	3572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-t	o-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
	Mailing Address 1608 Woods Drive			05 / Y Y Y Y 28 2010
	City		p Code	Transaction ID: SA11AI.12161
	mission	<u>TX 78</u>	3572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		contribution
	Name of Employer selfemployed	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 1250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u>I</u>		750.00

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 116 / 159
			Use separate schedule(s) for each category of the		(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12
Г					13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any dress of any political commit	person f ttee to so	or the purpose of soliciting contributions licit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	BORDER HEALTH FEDERAL PAC				
A.	Full Name (Last, First, Middle Initial) Sergio Ramirez				Date of Receipt
	Mailing Address 1608 Woods Drive				0 6 / D D / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State	Zip Code		Transaction ID: SA11AI.12355
	mission	ТХ	78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer	Occupatio	n		contribution
	selfemployed				
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General		1500.00		
	Other (specify)	0 0	1300.00		
- В.	Full Name (Last, First, Middle Initial) Gustavo Ramos				Date of Receipt
	Mailing Address 1301 S. Perking				M M / D D / Y Y Y Y 0 4 16 2010
	City	State	Zip Code		Transaction ID: SA11AI.11951
	mcallen	ТХ	78501		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer selfemployed	Occupation physicair			contribution
	Receipt For:	1 1 2	Year-to-Date 🔻		
	Primary General Other (specify)		1000.00	C	
-	Full Name (Last, First, Middle Initial)				Date of Receipt
C.	Gustavo Ramos Mailing Address 1301 S. Perking				
	Maining Address 1501 S. Ferking				05 28 2010
	City	State	Zip Code		Transaction ID: SA11AI.12162
	mcallen	TX	78501		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer selfemployed	Occupation physicair			contribution
	Receipt For:	1	Year-to-Date 🔻		
	Primary General Other (specify) ▼		1250.00	D	
ſ					750.00
	SUBTOTAL of Receipts This Page (optional)				/ 50.00
	TOTAL This Period (last page this line number	only)		►	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 159 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
	Mailing Address 1301 S. Perking		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12356
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physicain	contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mario Rangel	I	Date of Receipt
	Mailing Address 3213 Lance Lot Lane		0 5 / D D / Y Y Y Y 0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12164
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Mr. Mario Rangel	I	Date of Receipt
	Mailing Address 3213 Lance Lot Lane		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12358
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
[SUBTOTAL of Receipts This Page (optional)	l	350.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cate Detailed Sun	e schedule(s) egory of the nmary Page	FOR LINE NUMBER: PAGE 118 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or u e name and address of any poli	used by any person fu tical committee to so	or the purpose of soliciting contributions licit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt
				04 16 2010
	City weslaco	State Zip Code TX 78596		Transaction ID: SA11AI.11955 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
- В.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			
	City	State Zip Code		0 5 2 8 2 0 1 0 Transaction ID: SA11AI.12166
	weslaco	TX 78596		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	V V	125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	625.00	
- C.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive	1		Date of Receipt
				06 17 2010
	City weslaco	State Zip Code TX 78596	-	Transaction ID: SA11AI.12360 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate Year-to-Date	750.00	
ſ	SUBTOTAL of Receipts This Page (optional)		·····	375.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 119 / 159		
	TEMIZED RECEIPTS		for each category of the	(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12		
Г				13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	BORDER HEALTH FEDERAL PAC					
ے A.	Full Name (Last, First, Middle Initial) William Restrepo			Date of Receipt		
	Mailing Address 1117 S. Cynthia			M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.11957		
	mcallen	ТХ	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupatio physicia		- contribution		
	Receipt For:	1 1	e Year-to-Date 🔻			
	Primary General	33 13				
	Other (specify)	0 0	1000.00]		
– В.	Full Name (Last, First, Middle Initial) William Restrepo			Date of Receipt		
	Mailing Address 1117 S. Cynthia			M M / D D / Y Y Y Y 05 28 2010		
	City	State	Zip Code	Transaction ID: SA11AI.12168		
	mcallen	ТХ	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupatio physicial		- contribution		
	Receipt For:	1 1	_	—		
	Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼		1250.00			
– C.	Full Name (Last, First, Middle Initial) William Restrepo	<u>I</u>		Date of Receipt		
0.	Mailing Address 1117 S. Cynthia			0 6 1 7 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.12362		
	mcallen	ТΧ	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupatio physicial		- contribution		
	Receipt For:	1 · · ·	e Year-to-Date 🔻			
	Primary General	00 - 0		1		
	Other (specify)	0.0	1500.00	1		
ſ	SUBTOTAL of Receipts This Page (optional)	<u>ı</u>		750.00		
┝	CODICINE OF RECEIPTS THIS Fage (optional)					
	TOTAL This Period (last page this line number	only)				

•	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 120 / 159
	· · ·	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г			13 14 15 16 17
	or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
۹.	Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt
	Mailing Address 100 E. Houston		M M / D D / Y Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11959
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer	Occupation	- contribution
	selfemployed	physician	_
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	1000.00	
_	Full Name (Last, First, Middle Initial)		
3.	Homero Rivas		Date of Receipt
	Mailing Address 100 E. Houston		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12170
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00]
-	Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt
	Mailing Address 100 E. Houston		0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12364
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00]
Γ	SUBTOTAL of Receipts This Page (optional) .		750.00

EDULE A (FEC Form 3X) ZED RECEIPTS Trmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) min Robalino ng Address 1217 S. Cynthia Ilen ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼	State TX C Occupation physcian	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso ess of any political committee to Zip Code 78501 //ear-to-Date V 1000.00	FOR LINE NUMBER: PAGE 121 / 159 (check only one) X X 11a 13 14 15 16 13 14 15 16 16 1' on for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt 04 16 Y Y 04 16 2010 Transaction ID: SA11AI.11960 Amount of Each Receipt this Period 250.00 contribution
rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Jame (Last, First, Middle Initial) min Robalino ng Address 1217 S. Cynthia ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼	State TX C Occupation physcian	for each category of the Detailed Summary Page not be sold or used by any perso ess of any political committee to Zip Code 78501	X 11a 11b 11c 12 13 14 15 16 1 on for the purpose of soliciting contributions from such committee. 16 1 Date of Receipt 0 4 16 1 M / 16 2010 10 Transaction ID: SA11AI.11960 Amount of Each Receipt this Period 250.00 contribution 250.00 250.00 250.00
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mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Jame (Last, First, Middle Initial) umin Robalino ng Address 1217 S. Cynthia ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼	State TX C Occupation physcian	Zip Code 78501 //ear-to-Date	Date of Receipt Date of Receipt
mmercial purposes, other than using the E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Jame (Last, First, Middle Initial) umin Robalino ng Address 1217 S. Cynthia ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼	State TX C Occupation physcian	Zip Code 78501 //ear-to-Date	Date of Receipt M 4 D 0 Y Y Y Y M 4 D 0 Y Y Y Y Transaction ID: SA11AI.11960 Amount of Each Receipt this Period 250.00 contribution 250.00
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mployed ipt For: Primary General Other (specify) ▼ Jame (Last, First, Middle Initial) min Robalino	physcian		Date of Receipt
Primary General Other (specify) ▼ Name (Last, First, Middle Initial) min Robalino	1		Date of Receipt
Primary General Other (specify) ▼ Name (Last, First, Middle Initial) min Robalino			Date of Receipt
Other (specify) ▼ Name (Last, First, Middle Initial) Imin Robalino	0 0	1000.00	Date of Receipt
min Robalino		<u> </u>	Date of Receipt
min Robalino	•		Date of Receipt
			Date of Receipt
ig Address 1217 S. Cynthia			
			05 28 2010
	State	Zip Code	Transaction ID: SA11AI.12171
llen	ТХ	78501	Amount of Each Receipt this Period
ID number of contributing			
al political committee.	C		250.00
a of Employer	Occupation		contribution
mployed			
int For:	1 1 2	Voor to Doto	
	Aggregate		1
Other (specify) ▼		1250.00	
Name (Last, First, Middle Initial)			Date of Receipt
ig Address 1217 S. Cyfillia			06 17 2010
	State	Zip Code	Transaction ID: SA11AI.12365
llen	ТХ	78501	Amount of Each Receipt this Period
ID number of contributing			050.00
al political committee.	C		250.00
a of Employer	Occupation		- contribution
mployed			
ipt For:		(ear-to-Date ▼	-1
Primary General	Aggregate		1
Other (specify) ▼		1500.00	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · ·	4
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TAL of Receipts This Page (optional)		••••••	750.00
	ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼ Jame (Last, First, Middle Initial) umin Robalino ng Address 1217 S. Cynthia Ilen ID number of contributing al political committee. e of Employer mployed ipt For: Primary General Other (specify) ▼ PTAL of Receipts This Page (optional) .	Ilen TX ID number of contributing al political committee. C e of Employer mployed Occupation physcian ipt For: Aggregate N Primary General Other (specify) ✓ Jame (Last, First, Middle Initial) unin Robalino Mare (Last, First, Middle Initial) unin Robalino ng Address 1217 S. Cynthia Ilen TX ID number of contributing al political committee. C e of Employer mployed Occupation physcian ipt For: Primary Primary General Other (specify) ▼ Aggregate N	Ilen TX 78501 ID number of contributing al political committee. C e of Employer mployed Occupation physcian aport For: Primary General Other (specify) ▼ Occupation physcian Aggregate Year-to-Date ▼ Image: Address 1250.00 Vame (Last, First, Middle Initial) unin Robalino 1250.00 ng Address 1217 S. Cynthia ID number of contributing al political committee. State Zip Code e of Employer mployed Occupation physcian Occupation physcian ipt For: Primary General Occupation physcian 1500.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ 4.	Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662		Date of Receipt
			05 28 2010
	City Santa Rosa	State Zip Code TX 78593	Transaction ID: SA11AI.12172
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
- 8.	Full Name (Last, First, Middle Initial) Mr. Martin Rocha		Date of Receipt
	Mailing Address P.O. Box 662		0 6 / D D / Y Y Y Y 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12366
	Santa Rosa	TX 78593	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
. –	Full Name (Last, First, Middle Initial) Paulette Saca		Date of Receipt
	Mailing Address 109 Condor		M M / D D / Y Y Y Y 04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11962
	mcallen FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period 125.00
	federal political committee.		
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Γ	SUBTOTAL of Receipts This Page (optional).		225.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 123 / 159
	ITEMIZED RECEIPTS	for each category of the		(check only one)
	II EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Paulette Saca			Date of Receipt
	Mailing Address 109 Condor			0 5 / ^D D D / <u>Y Y Y Y</u> 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12173
	mcallen	ΤХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self-employed	Occupatio private ir		contribution
	Receipt For:	, I ·	e Year-to-Date V	
	Primary General	Aggregate		
	Other (specify) ▼	0 0	625.00	
В.	Full Name (Last, First, Middle Initial) Paulette Saca			Date of Receipt
	Mailing Address 109 Condor			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12367
	mcallen	TX	78504	Amount of Each Receipt this Period
			70004	
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer	Occupatio	n	contribution
	self-employed	private ir	nvestor	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	riggrogate		-
	Other (specify) ▼	0 0	750.00	
C.	Full Name (Last, First, Middle Initial) Javier Saenz			Date of Receipt
	Mailing Address 2308 Monaco Drive			M M / D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11963
	mission	ТХ	78574	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	1 · · ·	e Year-to-Date 🔻	
	Primary General	, iggi ogut		-
	Other (specify)	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)			500.00
	TOTAL This Period (last page this line number of			
	I SINE THIS I GIVE (LAST PAGE THIS INTE HUITIDE	(iny)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 124 / 159	
		for each category of the	(check only one)	
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
A	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Javier Saenz	Date of Receipt		
	Mailing Address 2308 Monaco Drive		05 / D D / Y Y Y Y 28 2010	
	City	State Zip Code	Transaction ID: SA11AI.12174	
	mission	TX 78574	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	- contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General	1250.00	1	
	Other (specify)			
в.	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt	
	Mailing Address 2308 Monaco Drive	M M / D D / Y Y Y Y 06 17 2010		
	City	State Zip Code	Transaction ID: SA11AI.12368	
	mission	TX 78574	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	- contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼	1500.00]	
 c.	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt	
0.	Mailing Address 2400 S.E. Augusta Sq	uare	0 4 1 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.11964	
	mcallen	TX 78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	- contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Other (specify)	1000.00]	
5	SUBTOTAL of Receipts This Page (optional)		750.00	
	OTAL This Period (last page this line number	only)		

ſ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 159 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pole e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) JJ Saenz	Date of Receipt	
	Mailing Address 2400 S.E. Augusta Se	quare	05 / 28 / Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12175
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1250.00	
— В.	Full Name (Last, First, Middle Initial) JJ Saenz	Date of Receipt	
	Mailing Address 2400 S.E. Augusta So	0 6 / D D / Y Y Y Y 0 6 / 1 7 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12369
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1500.00	
 c	Full Name (Last, First, Middle Initial) Larry Safir	I	Date of Receipt
	Mailing Address 3300 S. 2nd suite 10		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.11965
		TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer self-employed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
F	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 126 / 159 (check only one) 11a X 11a
Γ	Any information conied from such Reports and	Detailed Summary Page Statements may not be sold or used by any pers	13 14 15 16 1
	NAME OF COMMITTEE (In Full)	he name and address of any political committee t	o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
. Z	Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt
	Mailing Address 3300 S. 2nd suite 10		M · M / D · D / Y · Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.12176
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1250.00	
_	Full Name (Last, First, Middle Initial) Larry Safir	1	Date of Receipt
	Mailing Address 3300 S. 2nd suite 10		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12370
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1500.00	
_	Full Name (Last, First, Middle Initial) Juan Salazar	1	Date of Receipt
	Mailing Address 801 E Nolana Loop		0 4 / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11966
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Γ	,,,,		
			750.00

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 127 / 159
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
[13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Juan Salazar			Date of Receipt
	Mailing Address 801 E Nolana Loop			05 / 28 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.12177
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				contribution
	Name of Employer selfemployed	Occupation physicial		
	Receipt For:		e Year-to-Date 🔻	
	Primary General	Aggregate		-
	Other (specify)		1250.00	
		0 0		-
	Full Name (Last, First, Middle Initial)			
В.	Juan Salazar			Date of Receipt
	Mailing Address 801 E Nolana Loop			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12371
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				contribution
	Name of Employer selfemployed	Occupation physicial		
	Receipt For:		e Year-to-Date V	-
	Primary General	Aygreyate		1
	Other (specify) 🔻		1500.00	
-				
C.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez			Date of Receipt
0.	Mailing Address 3509			
	N. Glasscock			04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11967
	Mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		125.00
	Name of Employer	Occupatio	on	- contribution
	Name of Employer Self employed	physicial		
	Receipt For:	1 I I I	e Year-to-Date 🔻	1
	Primary General	33 234		1
	Other (specify)	0 0	500.00	
r				
				625.00
	SUBTOTAL of Receipts This Page (optional)			023.00
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S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 128 / 159
		Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$ \rangle$	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial)		
	Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock		05 / 28 / Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12178
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
			contribution
	Name of Employer Self employed	Occupation physician	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	625.00	
	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez	1	Date of Receipt
	Mailing Address 3509		M M / D D / Y Y Y Y
	N. Glasscock	Chata Zia Cada	06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12372
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self employed	Occupation	contribution
		physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	750.00	
	Full Name (Last, First, Middle Initial)		
	Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt
			04 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11968
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self employed	Occupation	contribution
	Receipt For:	physician	—
	Primary General	Aggregate Year-to-Date Verifying the second sec	-
	Other (specify) ▼	300.00	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 159 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 10 \\ \hline 110 \\ $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Luis San Miguel		Date of Receipt
	Mailing Address 1912 Fair Oak		M · M / D · D / Y · Y · Y · Y Y 0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12179
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Self employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	400.00	
- В.	Full Name (Last, First, Middle Initial) Luis San Miguel		Date of Receipt
	Mailing Address 1912 Fair Oak	0 6 / 1 7 / Y Y Y Y 0 6 / 1 7 / 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12373
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Samuel Serna		Date of Receipt
	Mailing Address 125 E. Cornell		M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11969
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	300.00	
	SUBTOTAL of Receipts This Page (optional)	L	300.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3)	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 130 / 159
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 1
Any information copied from such Reports an	nd Statements may not be sold or used by any person	n for the purpose of soliciting contributions
	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
BORDER HEALTH FEDERAL PAC	;	
Full Name (Last, First, Middle Initial) Dr. Samuel Serna		Date of Receipt
Mailing Address 125 E. Cornell		0 5 2 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12180
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
rederal political committee.		
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify)	400.00	
		-
Full Name (Last, First, Middle Initial)		
Dr. Samuel Serna		Date of Receipt
Mailing Address 125 E. Cornell		0 6 1 7 2 0 1 0
City	State Zip Code	
•	-	Transaction ID: SA11AI.12374
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing	С	100.00
federal political committee.		
Name of Employer	Occupation	- contribution
self-employee	physician	
		-
Receipt For:	Aggregate Year-to-Date 🔻	
Receipt For:	Aggregate Year-to-Date ▼	
	Aggregate Year-to-Date ▼ 500.00	
Primary General		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive	500.00	M M / D D / Y Y Y Y 04 / 16 / 2010
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City	State Zip Code	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen	500.00	M M / D D / Y Y Y Y 04 / 16 / 2010
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing	State Zip Code TX 78503	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen	State Zip Code	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78503	M M I D D Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City City FEC ID number of contributing federal political committee.	State Zip Code TX 78503	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78503 C Occupation	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78503 C Occupation physician	M M / D D / Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	M M M D D Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 4 16 2010 Transaction ID: SA11AI.11970 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date	M M / D D / Y

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
×.	Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
	Mailing Address 4000 Burns Drive		05 / 28 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12181
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1250.00	
_	Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
	Mailing Address 4000 Burns Drive		0 6 / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12375
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
-	Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
	Mailing Address 1501 S. Oklahoma		0 5 / 2 8 / Y Y Y Y 0 5
	City	State Zip Code	Transaction ID: SA11AI.12183
		TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ		•	550.00

				FOR LINE NUMBER: PAGE 132 / 159
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
[Any information copied from such Reports and S	tatomonte ma	y not be sold or used by any pers	
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
. '	Full Name (Last, First, Middle Initial)			
Α.	Dennis Slavin			Date of Receipt
	Mailing Address 1501 S. Oklahoma			0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12377
	weslaco	TX	78596	
			78398	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	lederal political committee.			
	Name of Employer	Occupatio	วท	- contribution
	selfemployed	physicia	n	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General			
	Other (specify) 🔻		300.00	
_	Full Name (Last, First, Middle Initial)			
В.	Joel Solis			Date of Receipt
	Mailing Address 405 E. Avocet			0 4 1 6 2 0 1 0
	City	State	Zip Code	
	Mcallen	TX	·	Transaction ID: SA11AI.11974
			78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.74
	rederar political committee.			
	Name of Employer	Occupatio	on	- contribution
	self-employed	physicia	n	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General		561.47	
	Other (specify)			
-				
C.	Full Name (Last, First, Middle Initial) Joel Solis			Date of Receipt
0.	Mailing Address 405 E. Avocet			
	Maining Address 405 E. Avocet			05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12185
	Mcallen	ТΧ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing		U U U U U U	
	federal political committee.	C		104.21
				contribution
	Name of Employer self-employed	Occupatio		
		physicia		
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Primary General		665.68	
	Other (specify) 🔻	1 1		-
I				
	SUBTOTAL of Receipts This Page (optional)			320.95
	CODICIAL OF NECEIPIS THIS Fage (Optional)			
	TOTAL This Period (last page this line number	only)	•	
	IN THE THIS I CHOU (IAST PAYE THIS INTE HUMBER	omy/		

				- I
9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 / 159
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EIMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 1
	Any information copied from such Reports and	Statements ma	y not be sold or used by any per	son for the purpose of soliciting contributions
	or for commercial purposes, other than using th	e name and ad	Idress of any political committee	to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
Z	Full Name (Last, First, Middle Initial)			
•	Joel Solis			Date of Receipt
	Mailing Address 405 E. Avocet			0 6 / D D / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12379
	Mcallen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		143.44
				contribution
	Name of Employer self-employed	Occupatio		
		physicia	_	
	Receipt For: Primary General	Aggregat	e Year-to-Date	
	Primary General Other (specify) ▼		809.12	
			0 0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
	Dr. Hector Soto			Date of Receipt
	Mailing Address 101 South Greenbriar			04 / D D / Y Y Y Y 04 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.11975
	McAllen	TX	78502	Amount of Each Receipt this Period
			10302	
	FEC ID number of contributing federal political committee.	С		250.00
				contribution
	Name of Employer self-employee	Occupatio		
		physicia		
	Receipt For: Primary General	Aggregat	e Year-to-Date	
	Other (specify)		500.00	
		0 0		
-	Full Name (Last, First, Middle Initial) Dr. Hector Soto	•		Date of Receipt
•	Mailing Address 101 South Greenbriar			
				05 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.12186
	McAllen	ТХ	78502	Amount of Each Receipt this Period
	FEC ID number of contributing	0		250.00
	federal political committee.	C		230.00
	Name of Employer	Occupatio	n n	contribution
	self-employee	physicia		
	Receipt For:		e Year-to-Date 🔻	
	Primary General	, iggi egat		-
	Other (specify) 🔻		750.00	
_				
Γ				CAO AA
	$\ensuremath{\textbf{SUBTOTAL}}$ of Receipts This Page (optional) .			• 643.44
┝				
1	TOTAL This Period (last page this line number	r oniy)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 134 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar			Date of Receipt
				06 17 2010
	City McAllen	State TX	Zip Code	Transaction ID: SA11AI.12380
	FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period
	Name of Employer self-employee	Occupatio physiciar		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]
в.	Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane			Date of Receipt
		Ctoto	Zin Codo	04 16 2010
	City Edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.11976 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self employed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00]
С.	Full Name (Last, First, Middle Initial) Alejandro Tey			Date of Receipt
	Mailing Address 3012 Laurie Lane			05 / 28 / Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.12189
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self employed	Occupatio physiciar	ı	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00]
	SUBTOTAL of Receipts This Page (optional)	•		750.00
Ī	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 135 / 159 (check only one) 11a X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Alejandro Tey		Date of Receipt
	Mailing Address 3012 Laurie Lane	0 6 / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12383
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	1500.00	
в.	Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt
	Mailing Address 112 S. Broadway		0 4 1 6 Y Y Y Y 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11977
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
C.	Full Name (Last, First, Middle Initial) Jose Trejo	I	Date of Receipt
	Mailing Address 112 S. Broadway		05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12190
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1250.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso e name and address of any political committee to	FOR LINE NUMBER: PAGE 136 / 159 (check only one)
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway		Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.12384
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation	- contribution
Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date 1500.00]
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird		Date of Receipt
		04 16 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11979
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		05 / Y Y Y Y 28 2010
City	State Zip Code	Transaction ID: SA11AI.12192
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
SUBTOTAL of Receipts This Page (optional) .	· 	750.00
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 159 (check only one) X X 11a 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Descript Family	State Zip Code TX 78504 C Occupation physician	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 2 0 1 0 Transaction ID: SA11AI.12386 Amount of Each Receipt this Period 250.00 contribution
_	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00]
В.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City <u>mission</u> FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78572 C Occupation physician	Date of Receipt 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11980 Amount of Each Receipt this Period 250.00 contribution
_	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
C.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date V 1250.00	Date of Receipt
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 159 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Marcel Twahirwa		Date of Receipt
	Mailing Address 2403 El Encino Drive		06 / 17 / Y Y Y Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12387
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
в.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		M M / D D / Y
	City	State Zip Code TX 78582	Transaction ID: SA11AI.11899
	rio grande city FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
C.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		M M / D D / Y Y Y Y 05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12110
	rio grande city FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00]
	SUBTOTAL of Receipts This Page (optional)	•••••••	750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ich category of the led Summary Page	FOR LINE NUMBER: PAGE 139 / 159 (check only one) 11a X 11a 11b 11c 12 13
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Jose Vasquez			Date of Receipt
	Mailing Address 2548 Palm Circle			06 17 Y Y Y 2010
	City		Code	Transaction ID: SA11AI.12307
	rio grande city	TX 785	582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-to-	Date V	
	Primary General Other (specify) ▼		1500.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela			Date of Receipt
	Mailing Address 100 E. Ridge Road #B			04 / 16 / Y Y Y Y Y 04 / 16
	City		Code	Transaction ID: SA11AI.11981
	McAllen	<u>TX 785</u>	503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		
	Receipt For:	Aggregate Year-to-	Date V	
	Primary General Other (specify) ▼		1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela			Date of Receipt
	Mailing Address 100 E. Ridge Road #B			05 / 28 / Y Y Y Y 2010
	City		Code	Transaction ID: SA11AI.12194
	McAllen	TX 785	503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		
	Receipt For:	Aggregate Year-to-	Date 🔻	
	Primary General Other (specify) ▼		1250.00	
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	750.00
ľ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 159 (check only one)
	Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
Z	BORDER HEALTH FEDERAL PAC		
۱.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #E	3	0 6 1 7 Y Y Y Y 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: SA11AI.12388
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1500.00	
-	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
	Mailing Address 1806 Summerfield Dr	ve	05 28 2010
	City	State Zip Code	Transaction ID: SA11AI.12195
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
•	Mailing Address 1806 Summerfield Dr	ve	0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12389
	Edinburg FEC ID number of contributing	TX 78539	Amount of Each Receipt this Period
	federal political committee.		50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional).		350.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 141 / 159 (check only one) I1a 11b 11c 12 I3 14 15 16 17 on for the purpose of soliciting contributions Interview Interview Interview
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658		Date of Receipt
			05 28 2010
	City	State Zip Code TX 78580	Transaction ID: SA11AI.12196
	Raymondville FEC ID number of contributing federal political committee.	TX 78580	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
- B.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez		Date of Receipt
	Mailing Address Rt 2 Box 658		0 6 / D D / Y Y Y Y 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12390
	Raymondville	TX 78580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00]
- C.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
	Mailing Address 301 E. Newport		M M / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11984
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
ſ	SUBTOTAL of Receipts This Page (optional).	1	350.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 142 / 159
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
	Mailing Address 301 E. Newport		05 / 28 / Y Y Y Y 05 28 010
	City	State Zip Code	Transaction ID: SA11AI.12197
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	750.00	
	Other (specify)		1
в.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
	Mailing Address 301 E. Newport		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12391
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
C.	Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
0.	Mailing Address P. O. Box 1632		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11985
	mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		125.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	500.00	
			625.00
	SUBTOTAL of Receipts This Page (optional)	·····	025.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 625.00	Date of Receipt
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0 Transaction ID: SA11AI.12392 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ✓ 562.90	Date of Receipt <u>M M / D D / Y Y Y Y</u> <u>0 4 16 2 0 1 0</u> Transaction ID: SA11AI.11986 Amount of Each Receipt this Period 167.16 contribution
SUBTOTAL of Receipts This Page (optional	al)	417.16

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 144 / 159 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
\mathbb{Z}			
	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4		05 28 YYYY 005 2010
	City	State Zip Code	Transaction ID: SA11AI.12199
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	104.48
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	667.38	
	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4		M M / D D / Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.12393
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	143.81
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	811.19	
	Full Name (Last, First, Middle Initial) Victor Villarreal	1	Date of Receipt
	Mailing Address 901 W. Moore		0 4 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11987
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	136.66
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.20	
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 erson for the purpose of soliciting contributions on the committee on the purpose of soliciting contributions 11 12
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt
	Mailing Address 901 W. Moore		05 / 28 / Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.12200
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.41
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	545.61	
- В.	Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt
	Mailing Address 901 W. Moore		M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.12394
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	117.57
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	663.18	
- C.	Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
	Mailing Address 1017 south 1st		M M / D D / Y Y Y Y 0 4 16 2010
	City	State Zip Code	Transaction ID: SA11AI.11988
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	600.00	
	SUBTOTAL of Receipts This Page (optional)		352.98
ľ	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 146 / 159				
	TEMIZED RECEIPTS	for each category of the	(check only one)				
•		Detailed Summary Page					
_			13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso	on for the purpose of soliciting contributions				
		e name and address of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
	BORDER HEALTH FEDERAL PAC						
Z							
	Full Name (Last, First, Middle Initial)						
Α.	Roger Vitko		Date of Receipt				
	Mailing Address 1017 south 1st		05 28 2010				
	0.1	01-1-1 7'- 01-					
	City	State Zip Code	Transaction ID: SA11AI.12201				
	mcallen	TX 78502	Amount of Each Receipt this Period				
	FEC ID number of contributing	C	150.00				
	federal political committee.		100.00				
	Name of Freedower	Occuration	contribution				
	Name of Employer self-employed	Occupation					
		physician					
	Receipt For: Primary General	Aggregate Year-to-Date					
		750.00					
	Other (specify)		1				
_							
Б	Full Name (Last, First, Middle Initial)		Data of Dessint				
В.	Roger Vitko		Date of Receipt				
	Mailing Address 1017 south 1st		0 6 1 7 2 0 1 0				
	City	State Zip Code					
	-		Transaction ID: SA11AI.12395				
	mcallen	TX 78502	Amount of Each Receipt this Period				
	FEC ID number of contributing	С	150.00				
	federal political committee.						
	Name of Employer	Occupation	- contribution				
	self-employed	physician					
		Aggregate Year-to-Date V					
	Receipt For:						
	Receipt For:	Aggregate Tear-to-Date +	1				
	Primary General	900.00	1				
]				
_	Primary General Other (specify) ▼]				
– C.	Primary General		Date of Receipt				
– C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker						
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)						
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow		M M / D D / Y Y Y Y 0 4 16 2010				
_ c.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 4	900.00	M M / D D / Y				
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11989 Amount of Each Receipt this Period				
 C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code	M M / D D / Y				
_ c.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504	M M / D D / Y				
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation	M M / D D / Y Y Y Y 0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11989 Amount of Each Receipt this Period				
_ c.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	State Zip Code TX 78504 C Occupation private investor	M M / D D / Y				
– C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation	M M / D D / Y				
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼	M M / D D / Y				
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	State Zip Code TX 78504 C Occupation private investor	M M / D D / Y				
_ C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼	M M O D D O Y				
_ с. Г	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼	M M / D D / Y				
Γ	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1000.00	M M / D D / Y				
Γ	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	900.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1000.00	M M / D D / Y				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 159 (check only one) 11a X 11a 11b 11c 12					
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person a name and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
∠ A.	Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt					
	Mailing Address 1117 Shallow apt 4		05 / ^D ^D / ^Y ^Y ^Y ^Y ^Y					
	City	State Zip Code	Transaction ID: SA11AI.12202					
	mcallen	TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer self-employed	Occupation	contribution					
	Receipt For:	private investor Aggregate Year-to-Date ▼	_					
	Primary General Other (specify) ▼	1250.00]					
– В.	Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt					
	Mailing Address 1117 Shallow apt 4		0 6 1 7 Y Y Y Y 0 1 7 2 0 1 0					
	City	State Zip Code	Transaction ID: SA11AI.12396					
	mcallen	TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer self-employed	Occupation private investor	Contribution					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	1500.00						
– C.	Full Name (Last, First, Middle Initial) James Webb	1	Date of Receipt					
	Mailing Address 312 Redbud		M M / D D / Y Y Y Y 04 16 2010					
	City	State Zip Code	Transaction ID: SA11AI.11990					
	mcallen	TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	151.05					
	Name of Employer self-employed	Occupation private investor	- contribution					
	Receipt For:	Aggregate Year-to-Date V						
	Primary General Other (specify) ▼	508.65]					
ſ	SUBTOTAL of Receipts This Page (optional)	······	651.05					
F	TOTAL This Period (last page this line number							

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 148 / 159					
		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12					
Γ	Any information copied from such Reports and Si	tatements may not be sold or used by any pore	13 14 15 16 17					
	or for commercial purposes, other than using the	name and address of any political committee to	o solicit contributions from such committee.					
ľ	NAME OF COMMITTEE (In Full)							
	BORDER HEALTH FEDERAL PAC							
A.	Full Name (Last, First, Middle Initial) James Webb		Date of Receipt					
	Mailing Address 312 Redbud		M M / D D / Y					
	City	State Zip Code	Transaction ID: SA11AI.12203					
	mcallen	TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		94.41					
	Name of Employer self-employed	Occupation	- contribution					
	self-employed	private investor						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Other (specify)	603.06						
		0 0 0 0 0 0 0						
в.	Full Name (Last, First, Middle Initial) James Webb		Date of Receipt					
υ.	Mailing Address 312 Redbud		M M / D D / Y Y Y Y					
			06 17 2010					
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12397					
		TX 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		129.95					
	Name of Employer self-employed	Occupation private investor	contribution					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General							
	Other (specify)	733.01						
- с.	Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt					
	Mailing Address 111 Rio Grande		M M / D D / Y Y Y Y					
	City	State Zip Code	0 4 1 6 2 0 1 0 Transaction ID: SA11AI.11991					
	mission	TX 78572	Amount of Each Receipt this Period					
	FEC ID number of contributing							
	federal political committee.		100.00					
	Name of Employer selfemployed	Occupation	contribution					
	Receipt For:	physician Aggregate Year-to-Date 🔻						
	Primary General							
	Other (specify) v	400.00						
[
	SUBTOTAL of Receipts This Page (optional)		324.36					
ľ								
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa					
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC						
Α.	Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande	Patrick Wilcox					
			05 / 28 / Y Y Y Y 0 5				
	City	State Zip Code TX 78572	Transaction ID: SA11AI.12204				
	mission FEC ID number of contributing		Amount of Each Receipt this Period				
	federal political committee.		100.00				
	Name of Employer selfemployed	Occupation physician	contribution				
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	500	.00				
В.	Full Name (Last, First, Middle Initial) Patrick Wilcox	I	Date of Receipt				
	Mailing Address 111 Rio Grande		0 6 / D D / Y Y Y Y 0 6 1 7 2 0 1 0				
	City	State Zip Code	Transaction ID: SA11AI.12398				
	mission	TX 78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	100.00				
	Name of Employer selfemployed	Occupation physician	contribution				
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify) ▼	600	.00				
C.	Full Name (Last, First, Middle Initial) Subbarrao Yarra	1	Date of Receipt				
	Mailing Address 6905 N. Cynthia						
	City	State Zip Code	Transaction ID: SA11AI.12205				
	McAllen	TX 78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer Self-employed	Occupation physician	contribution				
	Receipt For:	Aggregate Year-to-Date ▼					
	 Primary General Other (specify) ▼ 	250	.00				
	SUBTOTAL of Receipts This Page (optional)						
	TOTAL This Period (last page this line number	only)					

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0 Transaction ID: SA11AI.12399 Amount of Each Receipt this Period 50.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
- В.	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City	State Zip Code	Date of Receipt 0 4 / 0 1 6 / 2 0 1 0 Transaction ID: SA11AI.11993
	mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date	Amount of Each Receipt this Period 250.00 contribution
- C.	Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski	1000.00	Date of Receipt
	Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504	M M M D D P Y
_	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 1250.00	
	SUBTOTAL of Receipts This Page (optional) .		550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
Α.	Dr. Christopher Zaleski Mailing Address 6804 N. 1st		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.12400
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1500.00]
- В.	Full Name (Last, First, Middle Initial) Hugo Zapata		Date of Receipt
	Mailing Address 316 Xenops		0 4 / D D / Y Y Y Y 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.11994
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00]
- с.	Full Name (Last, First, Middle Initial) Hugo Zapata		Date of Receipt
	Mailing Address 316 Xenops		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.12207
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate Year-to-Date 1250.00]
Γ	SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 152 / 159 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	/ not be sold or used dress of any political of	by any person committee to s	for the purpose of soliciting contributions olicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops	7-0-4		Date of Receipt	
	City mcallen	State TX	Zip Code 78504		Transaction ID: SA11AI.12401 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer selfemployed	Occupation physiciar			contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 15	500.00	

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	87075.75

ITEMIZED DISBURSEMENTS Diseded Summay Page 21b 22 23 24	PAGE 153/159	P	E NUMBER: ily one)						Use separate schedule(s)	Use	(FEC Form					
er for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Cantus Special Events Mailing Address 1601 N. 7th City MacAllen TX 78501 Purpose of Disbursement arangements/tables/linen for pac members meeting/breaktast Candidate Name Disbrict: Disbrict: Disbrict: Disbrict: Disbrict: Disbrict: Disbursement Mailing Address 4620 North 10th Street City City City City City City City Cit	25	L	24 28c				22		:1b	X 2				BURSEMEN	EMIZED DIS	IT
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									y/			Primary General	Prima	Senate President	Office Sought:	
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TOTAL This Period (last page this line number only)									►			у)	number only)	(last page this line n	OTAL This Period	т

FEC Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form	Use separate schedule(s)	FOR LINE (check onl	E NUMBER: PAGE 154 / 159						
TEMIZED DISBURSEMEN	S for each category of the Detailed Summary Page	X 21b 27	22 23 24	25 26 29 301					
ny Information copied from such Reports r for commercial purposes, other than us									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	;								
Full Name (Last, First, Middle Initial) Shine Global, Inc			Transaction ID: SB21B.124 Date of Disbursement	115					
Mailing Address 225 Midland				DÍO					
City Montclair	State Zip Code NJ 07042		Amount of Each Disbursement						
Purpose of Disbursement donation Candidate Name	2000	0.00							
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	Туре							
Full Name (Last, First, Middle Initial) Texas Valley Communities Foun	Transaction ID: SB21B.124 Date of Disbursement	418 0 1 0 [×]							
Mailing Address 2836 W. Trent									
City Edinburg	StateZip CodeTX78539		Amount of Each Disbursement						
Purpose of Disbursement donation Candidate Name	[012	25000.00						
Office Sought: House	Disbursement For:	Category/ Type							
State: District:	Primary General Other (specify) V								
Full Name (Last, First, Middle Initial) Water Tower Village			Transaction ID: SB21B.124 Date of Disbursement	122					
Mailing Address 52211 N. McC		05 ^M / 07 ^D / 20	DÍO [°]						
City McAllen	State Zip Code TX 78504		Amount of Each Disbursement						
Purpose of Disbursement mthly office expenditure		001	133	1.25					
Candidate Name	Category/ Type								
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼								
SUBTOTAL of Disbursements This Pag	optional)	►	4633	1.25					

c	SCHEDULE B (FEC Form 3X)		FORUME					
	· · · ·	Use separate schedul	e(s) (check on	E NUMBER: ly one)	PAGE 155 / 159			
_	TEMIZED DISBURSEMENTS	for each category of th Detailed Summary Pa		22 23	24 25 26			
			27	28a 28b	28c 29 30b			
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	NAME OF COMMITTEE (In Full)							
	BORDER HEALTH FEDERAL PAC							
•	Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B.12429			
Α.	Water Tower Village			Date of Disburseme	-			
	Mailing Address 52211 N. McColl Road		0 ^M 6 ^M / ^D 2 ^D 2 ^D	Ý ŽOľO				
	City McAllen	State Zip Code TX 78504		Amount of Each Disbursement this Pe				
	Purpose of Disbursement mthly office lease expenditure		001		1331.25			
	Candidate Name		Category/ Type					
	Senate President	ement For: Primary Gene Other (specify) V	ral					
_	State: District:							
В.	Full Name (Last, First, Middle Initial) Western Flyers Air			Transaction ID: S Date of Disbursement	nt			
	Mailing Address 2601 Main				Ý ŽOľO			
	City McAllen	StateZip CodeTX78502		Amount of Each Dis	bursement this Period			
	Purpose of Disbursement airfare to attend dccc function		002		2646.56			
	Candidate Name		Category/ Type					
	Office Sought: House Disburse Senate President	ement For: Primary Gene Other (specify)	ral					
	State: District:							

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TOTAL This Period (last page this line number only)	►	52845.35
SUBTOTAL of Disbursements This Page (optional)	•	3977.81

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

Any Information or for commerci BORDER Full Name (I CHET ED) Mailing Addu City WACO Purpose of I contribution	al purposes, other than using t COMMITTEE (In Full) HEALTH FEDERAL PAC Last, First, Middle Initial) WARDS FOR CONGRES ress PO Box 23273 Disbursement	Detailed Summary Page I Statements may not be sold or us he name and address of any politic	ed by a al com		n for the solicit co	ansac	ction ID Disburs	rom	SB23.	commiti 12427	9 ons ee	26 301
AVE OF COMMERCIAN IN A COMMERCIAN INTERCIAN INTERCIA	al purposes, other than using t COMMITTEE (In Full) HEALTH FEDERAL PAC Last, First, Middle Initial) WARDS FOR CONGRES ress PO Box 23273 Disbursement	he name and address of any politic			Tra	ansac ate of 0 6	ction ID Disburs	rom 9: S seme	SB23.	commiti 12427	ee	
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Candidate I										2500	.00	
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DAVID VI	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE						ction ID Disburs	-				1
	Mailing Address PO BOX 8175											
City METAIRIE	1	State Zip Code LA 70011			An	nount	t of Eacl	n Dis	sburse		-	iod
contribution	Purpose of Disbursement contribution Candidate Name					5000.00						
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	Last, First, Middle Initial) OR CONGRESS				Da		ction ID Disburs	eme				
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City Washingto		State Zip Code DC 20005			An	nount	t of Eacl	ו Dis	sburse			iod
contribution										2500	.00	
Candidate N		itegory/ Гуре										
State: MD	ht: X House E Senate President District: 05	Disbursement For: 2010 Primary X General Other (specify) ▼										
SUBTOTAL o	f Disbursements This Page (or	otional)		🕨					1	0000	.00	_

C		B (FEC Form 3	3X)				NUMBER:	PAGE 157 / 159				
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				lied eannaly	. ugo	27	28a 28b	28c 29 30b				
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C	or for commercial pu	rposes, other than usir	ng the name and a	dress of any p	oolitical c	ommittee to so	m such committee					
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	/ BORDER HEA	ALTH FEDERAL PA	C									
Z												
Α.		First, Middle Initial)		-			Transaction ID:					
	NEUGEBAUE	R CONGRESSION					Date of Disbursement					
	Mailing Address	PO Box 54175										
	City			Amount of Each	Disbursement this Period							
	Lubbock		State TX				Amount of Each					
	Purpose of Disbu	ursement		5000.00								
	contribution					011						
	Candidate Name	l.				Category/						
						Туре						
	Office Sought:	χ House	Disbursement F		-							
		Senate	Prima	-	eneral							
		President	Other	(specify) 🔻								
	State: TX	District: 19										
в.	· · ·	First, Middle Initial)	Transaction ID: SB23.12416 Date of Disbursement									
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	Mailing Address	PO Box 16381	0 ^M 4 ^M / ^D 0	^D 7 ^Y 2 ^Y 0 ^Y 10 ^Y								
	City		State	Zip Cod				D'ale and a state in Desired				
	Sugar Land		TX	2ip Coo 77496			Amount of Each	Disbursement this Period				
		Purpose of Disbursement						5000.00				
	contribution											
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		President	Other	(specify) 🔻								
	State: TX	District: 22										

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TOTAL This Period (last page this line number only)	►	20000.00
SUBTOTAL of Disbursements This Page (optional)	•	10000.00

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 158 / 159				
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9					
Excluding Loans	numbered line)	X 10					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
A. Full Name (Last, First, Middle Initial) of Debt AC Rentals	or or Creditor		Nature of Debt (Purpose): rental space				
Mailing Address PO Box 2673							
City State McAllen TX	ZIP Code 78502						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.9553				
900.00							
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period				
0.00	0.00		900.00				
B. Full Name (Last, First, Middle Initial) of Debt AC Rentals	or or Creditor	Nature of D rental spa	ebt (Purpose): Ce				
Mailing Address PO Box 2673	Mailing Address PO Box 2673						
City State McAllen TX	ZIP Code 78502						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.10053				
900.00							
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period				
0.00	0.00		900.00				
1) SUBTOTALS This Period This Page (optional)			1800.00				
2) TOTALS This Period (last page this line numbe	r only)	•	1800.00				
3) TOTAL OUTSTANDING LOANS from Scher	dule C (last page only)	•	0.00				
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only) ►	1800.00				

FE6AN026

FEC Schedule D (Form 3X) (Revised 02/2003)

B. Form/Schedule : SD10 Transaction ID : SD10.10053 rent expenditure for office for 1st quarter of 2009 incurred but not paid.