

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 1210 W EXPRESSWAY 83 SUITE 10
 Check if different than previously reported. (ACC)
PHARR TX 78577

2. **FEC IDENTIFICATION NUMBER** C00415752
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 01 27 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		899096.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	870334.23									
(c) Total Receipts (from Line 19)	38163.41	384205.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	908497.64	1283302.47								
7. Total Disbursements (from Line 31)	343.56	375148.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	908154.08	908154.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1800.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	37673.61	362391.30
(ii) Unitemized	489.80	21814.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	38163.41	384205.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	38163.41	384205.89
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	38163.41	384205.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38163.41	384205.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	343.56	64048.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	343.56	64048.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	277500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. 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
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	33600.00
30. 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, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	343.56	375148.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	343.56	375148.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	38163.41	384205.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38163.41	384205.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	343.56	64048.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	343.56	64048.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous		Date of Receipt
	Mailing Address 1217 Fullerton		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McAllen	TX	78504
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.13641
Name of Employer selfemployed		Occupation private investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="300.00"/>	contribution

B.	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 heritage lane		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	mission	TX	78572
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.13642
Name of Employer self-employee		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="3000.00"/>	contribution

C.	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
	Mailing Address 200 E. Xenops		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McAllen	TX	78504
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.13644
Name of Employer Self employed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="1800.00"/>	contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="425.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. C

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13643

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13645

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Ms Sahar Alizy

Mailing Address 1609 Martin

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13646

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) 525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Michael Alleyn
Mailing Address 5505 N. 4th
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13647
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Ms Alex Ambriz
Mailing Address 15253 Heather
City Harlingen State TX Zip Code 78552
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13648
Amount of Each Receipt this Period 25.00
contribution

C. Full Name (Last, First, Middle Initial)
Michael Amyx
Mailing Address 2108 Mynah
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13649
Amount of Each Receipt this Period 250.00
contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
Mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.13650

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004
N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13651

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.13652

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
Donna TX 78537

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13653

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.13654

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Murphy Badiga

Mailing Address 1503 S. Airport suite 6

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00

Date of Receipt

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

Transaction ID: SA11AI.13655

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

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

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Ms Susan Bajus		Date of Receipt
	Mailing Address 5705 North 4th		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13656
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13657
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera		Date of Receipt
	Mailing Address 3000 Yellowhammer		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13658
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text" value="125.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13659

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13660

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13661

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13662

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13663

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13664

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Robert Brace

Mailing Address 2000 N. 8th Street

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13665

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13667

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13670

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13671
Amount of Each Receipt this Period 400.00
contribution

B. Full Name (Last, First, Middle Initial)
Marissa Castaneda

Mailing Address 5021 Elk Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13672
Amount of Each Receipt this Period 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13673
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13674

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2625.00

Date of Receipt

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

Transaction ID: SA11AI.13675

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
McAllen TX 78501

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13676

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

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

Name of Employer self-employee Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 10 / 2010**

Transaction ID: SA11AI.13677

Amount of Each Receipt this Period **100.00**

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
McAllen TX 78503

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 10 / 2010**

Transaction ID: SA11AI.13678

Amount of Each Receipt this Period **100.00**

contribution

C.

Full Name (Last, First, Middle Initial)
Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2528.62**

Date of Receipt **12 / 10 / 2010**

Transaction ID: SA11AI.13679

Amount of Each Receipt this Period **250.00**

contribution

SUBTOTAL of Receipts This Page (optional) **450.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2571.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13680

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13681

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13684

Amount of Each Receipt this Period
150.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
David Deanda

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13688
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13686
Amount of Each Receipt this Period 125.00
contribution

C. Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13687
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Luis Delgado, Jr.	Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010
	Mailing Address 5128 N. 10th	Transaction ID: SA11AI.13689
	City State Zip Code McAllen TX 78504	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Ted Disque	Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010
	Mailing Address 501 Iris	Transaction ID: SA11AI.13690
	City State Zip Code McAllen TX 78501	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Alberto Duran	Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010
	Mailing Address 1615 Palazzo	Transaction ID: SA11AI.13691
	City State Zip Code mission TX 78572	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13692
 Amount of Each Receipt this Period 25.00
 contribution

B.

Full Name (Last, First, Middle Initial)
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13693
 Amount of Each Receipt this Period 50.00
 contribution

C.

Full Name (Last, First, Middle Initial)
Antonio Esparza

Mailing Address 136 W. Yucca

City mcallent State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13694
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 325.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13695

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13696

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)
Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13697

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
Edinburg TX 78542

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

Name of Employer self-employee Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13698
Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13699
Amount of Each Receipt this Period: 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13701
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 325.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13702

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Nancy Garcia

Mailing Address 1409 Dora Jeanne Drive

City State Zip Code
Mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.13703

Amount of Each Receipt this Period

20.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: SA11AI.13704

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

670.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
Mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.13700

Amount of Each Receipt this Period

200.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

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

Name of Employer selfemployed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13706

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

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

Transaction ID: SA11AI.13707

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

625.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13708

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarido North

City State Zip Code
Palmhurst TX 78539

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

Name of Employer selfemployed Occupation self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

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

Transaction ID: SA11AI.13705

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00

Date of Receipt

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

Transaction ID: SA11AI.13709

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Robert Genovese

Mailing Address 2208 Summer Breeze

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2480.43

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13710
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Dr. Richard Gillett

Mailing Address 54 South 10th

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13711
 Amount of Each Receipt this Period 100.00
 contribution

C. Full Name (Last, First, Middle Initial)
Alvaro Giraldo

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13712
 Amount of Each Receipt this Period 100.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 76

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13713

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13719

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 78516

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.13715

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Ms Aida Gonzalez	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 311 E. Davis	Transaction ID: SA11AI.13716
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 2305 Monaco Drive	Transaction ID: SA11AI.13717
	City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2957.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.13718
	City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1501 Meadwood	Transaction ID: SA11AI.13714
	City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 3000.00	

B.	Full Name (Last, First, Middle Initial) Verley Gordon	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1700 E. Mile 3 Road	Transaction ID: SA11AI.13720
	City mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 2991.47	

C.	Full Name (Last, First, Middle Initial) Enrique Griego	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 905 Inspiratin Drive	Transaction ID: SA11AI.13721
	City pharr State TX Zip Code 78577	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 3300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 900.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

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

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

FOR LINE NUMBER: PAGE 31 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13724

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13725

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13726

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2759.52

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13727

Amount of Each Receipt this Period
 250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Aida Guizar

Mailing Address 1706 E. 4 Mile Line

City Mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13728

Amount of Each Receipt this Period
 25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Alberto Gutierrez

Mailing Address 6020 Wisconsin

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13729

Amount of Each Receipt this Period
 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Marco Gutierrez
 Mailing Address 511 N. Depot Road
 City State Zip Code
 edinburg TX 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00
 Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13730
 Amount of Each Receipt this Period 400.00
 contribution

B. Full Name (Last, First, Middle Initial)
Miguel Gutierrez
 Mailing Address 224 Lindberg
 City State Zip Code
 mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00
 Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13731
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Anna Lisa Guzman
 Mailing Address P.O. Box 720235
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13732
 Amount of Each Receipt this Period 50.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Eduardo Guzman		Date of Receipt
	Mailing Address 2308 Highway 83 suite f		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Penitas	TX	78573
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13733
Name of Employer self-employee		Occupation	Amount of Each Receipt this Period
self-employee		physician	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt
	Mailing Address 4008 Burns Drive South		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	mcallen	TX	78503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13734
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="400.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="3450.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
	Mailing Address 701 South J		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McAllen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13735
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="75.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="525.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Robert Helbing	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 820 Tamarack	Transaction ID: SA11AI.13736
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1329.55	

B.	Full Name (Last, First, Middle Initial) Mr. Blake Hensler	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3414 Pricess Street	Transaction ID: SA11AI.13737
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms Monica Hensler	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3414 Princess Street	Transaction ID: SA11AI.13738
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Ambrosio Hernandez

Mailing Address 2000 Dana

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13739
 Amount of Each Receipt this Period 250.00
 contribution

B.

Full Name (Last, First, Middle Initial)
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive #40 Villas Jardin

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13740
 Amount of Each Receipt this Period 250.00
 contribution

C.

Full Name (Last, First, Middle Initial)
Maria Hoffman

Mailing Address 802 Inspiration Road

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13723
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1926.79

Date of Receipt

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

Transaction ID: SA11AI.13741

Amount of Each Receipt this Period

167.40

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.13742

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13743

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

467.40

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 38 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13744

Amount of Each Receipt this Period
100.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13745

Amount of Each Receipt this Period
400.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ms Marina Jacobson

Mailing Address 1505 Doherty

City State Zip Code
Mission TX 78572

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13746

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Donna Joule

Mailing Address 708 S H Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11AI.13747

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11AI.13748

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11AI.13749

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13751

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Alejandro Kudisch

Mailing Address 323 Nightingale

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13752

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13753

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 601 Tulip		Transaction ID: SA11AI.13754
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Rick Lin		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 5112 N. 10th Street		Transaction ID: SA11AI.13755
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 901 West 9th Street #405		Transaction ID: SA11AI.13757
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3450.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employee Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13758

Amount of Each Receipt this Period
50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
San Benito TX 78586

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

Name of Employer selfemployed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13759

Amount of Each Receipt this Period
50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13760

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 1311 6th E. Street			Transaction ID: SA11AI.13761		
	City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C			contribution		
	Name of Employer selfemployed		Occupation physician	Aggregate Year-to-Date ▼ 2976.06		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

B.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano			Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 2309 Spicewood Drive			Transaction ID: SA11AI.13762		
	City Weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 25.00		
	FEC ID number of contributing federal political committee. C			contribution		
	Name of Employer selfemployed		Occupation physician	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

C.	Full Name (Last, First, Middle Initial) Salil Mangi			Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 3801 Sundown Court East			Transaction ID: SA11AI.13764		
	City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C			contribution		
	Name of Employer selfemployed		Occupation physician	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13765

Amount of Each Receipt this Period
400.00

contribution

B.

Full Name (Last, First, Middle Initial)
Guillermo Marquez

Mailing Address 1702 Trinity Road

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13766

Amount of Each Receipt this Period
400.00

contribution

C.

Full Name (Last, First, Middle Initial)
Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13767

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ricardo Martinez

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13768

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

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

Name of Employer self-employee Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13769

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13770

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13772

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13773

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 10 / 2010

Transaction ID: SA11AI.13774

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Carlos Mego	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 602 McColl Circle	Transaction ID: SA11AI.13775
	City State Zip Code McAllen TX 78501	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Manuel Mercado	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3002 Santa Susana	Transaction ID: SA11AI.13776
	City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Scott Meyer	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 2100 School Lane	Transaction ID: SA11AI.13777
	City State Zip Code Mission TX 78572	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional)	725.00
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 48 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Emil Milano

Mailing Address 225 E. Cornell

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13779

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Mohamed

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13780

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: SA11AI.13781

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt

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

Transaction ID: SA11AI.13782

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)
Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3450.00

Date of Receipt

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

Transaction ID: SA11AI.13783

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)
Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13784

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Lauren Naylor

Mailing Address 3020 Melinda Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13785

Amount of Each Receipt this Period
50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

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

Name of Employer self-employed Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13786

Amount of Each Receipt this Period
50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13787

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13788
Amount of Each Receipt this Period 100.00
contribution

B. Full Name (Last, First, Middle Initial)
Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13792
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 12 / 2010
Transaction ID: SA11AI.13793
Amount of Each Receipt this Period 50.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Fernando Otero	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 121 E. Quamasia #148	Transaction ID: SA11AI.13794
	City mcallen State TX Zip Code 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 3000.00	

B.	Full Name (Last, First, Middle Initial) Kip Owen	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 2305 Red River	Transaction ID: SA11AI.13795
	City mcallen State TX Zip Code 78572	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 900.00	

C.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address P.O. Box 3669	Transaction ID: SA11AI.13796
	City Edinburg State TX Zip Code 78540	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 53 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11AI.13797

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: SA11AI.13798

Amount of Each Receipt this Period
125.00

contribution

C. Full Name (Last, First, Middle Initial)
Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

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

Transaction ID: SA11AI.13799

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer self-employed Occupation
Self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13800

Amount of Each Receipt this Period
150.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Alberto Pena

Mailing Address 3716 Tigris

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
self-employed doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13801

Amount of Each Receipt this Period
50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13802

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13803

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.13804

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1340.48

Date of Receipt

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

Transaction ID: SA11AI.13805

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2680.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13807

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Francisco Pina

Mailing Address 129 E. Jones

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13808

Amount of Each Receipt this Period
25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ms Jessica Porras

Mailing Address 5128 North 10th Street

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13809

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 57 / 76
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
	Mailing Address 521 E. Bluebird		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 10 / 2010
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13810
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2977.83	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Sergio Ramirez		Date of Receipt
	Mailing Address 1608 Woods Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 10 / 2010
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13811
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
	Mailing Address 1301 S. Perking		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 10 / 2010
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13812
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physicain	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3450.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13814

Amount of Each Receipt this Period
50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13815

Amount of Each Receipt this Period
25.00

contribution

C.

Full Name (Last, First, Middle Initial)
R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13816

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City State Zip Code
McAllen TX 78503

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13817
Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13818
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Maria J. Rios

Mailing Address P.O. Box 3606

City State Zip Code
McAllen TX 78502

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13819
Amount of Each Receipt this Period: 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Homero Rivas	Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010
	Mailing Address 100 E. Houston	Transaction ID: SA11AI.13820
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Benjamin Robalino	Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010
	Mailing Address 1217 S. Cynthia	Transaction ID: SA11AI.13821
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physcian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Martin Rocha	Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010
	Mailing Address P.O. Box 662	Transaction ID: SA11AI.13822
	City State Zip Code Santa Rosa TX 78593	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	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 61 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13823

Amount of Each Receipt this Period
75.00

contribution

B. Full Name (Last, First, Middle Initial)
Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13824

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13825

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Larry Safir	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3300 S. 2nd suite 10	Transaction ID: SA11AI.13826
	City mcallen State TX Zip Code 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Juan Salazar	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 801 E Nolana Loop	Transaction ID: SA11AI.13827
	City McAllen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 3509 N. Glasscock	Transaction ID: SA11AI.13828
	City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Self employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

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

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

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

FOR LINE NUMBER: PAGE 63 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13830

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13829

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13832

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
	Mailing Address 4000 Burns Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	mcallen	TX	78503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13833
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3450.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Ms Pamela Sifuentes		Date of Receipt
	Mailing Address 1801 Conch Key		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Weslaco	TX	78596
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13834
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
	Mailing Address 1501 S. Oklahoma		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13835
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 600.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 475.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 65 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

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

Name of Employer Occupation
Self employed private investor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.13836

Amount of Each Receipt this Period
25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
McAllen TX 78501

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

Name of Employer Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1646.48

Date of Receipt

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

Transaction ID: SA11AI.13837

Amount of Each Receipt this Period
125.05

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

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

Name of Employer Occupation
self-employee physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2950.00

Date of Receipt

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

Transaction ID: SA11AI.13838

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.05

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 66 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Raul Sustaita

Mailing Address 1602 Scobey

City State Zip Code
Donna TX 78537

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13840
Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13841
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: SA11AI.13842
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 525.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13844

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13845

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13846

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13847
Amount of Each Receipt this Period 100.00
contribution

B. Full Name (Last, First, Middle Initial)
Jose Vasquez

Mailing Address 2548 Palm Circle

City rio grande city State TX Zip Code 78582

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13750
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2010
Transaction ID: SA11AI.13848
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1806 Summerfield Drive	Transaction ID: SA11AI.13849
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address Rt 2 Box 658	Transaction ID: SA11AI.13850
	City State Zip Code Raymondville TX 78580	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 301 E. Newport	Transaction ID: SA11AI.13851
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 70 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13852

Amount of Each Receipt this Period
125.00

contribution

B. Full Name (Last, First, Middle Initial)
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.69

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13863

Amount of Each Receipt this Period
125.37

contribution

C. Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1349.51

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.13864

Amount of Each Receipt this Period
102.50

contribution

SUBTOTAL of Receipts This Page (optional) ► **352.87**

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 71 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

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

Transaction ID: SA11AI.13855

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)
Raymond Walker

Mailing Address 1117 Shallow apt 4

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13856

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1491.61

Date of Receipt

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

Transaction ID: SA11AI.13857

Amount of Each Receipt this Period

113.29

contribution

SUBTOTAL of Receipts This Page (optional)

513.29

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 72 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 111 Rio Grande		Transaction ID: SA11AI.13858
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.

Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 6905 N. Cynthia		Transaction ID: SA11AI.13867
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

C.

Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 6804 N. 1st		Transaction ID: SA11AI.13859
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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

FOR LINE NUMBER: PAGE 73 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: SA11AI.13860

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Livania Zavala-Spinetti

Mailing Address 109 E Cornell

City State Zip Code
McAllen TX 78502

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

Name of Employer selfemployed Occupation self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.13861

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.13862

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

37673.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 76

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Peppers

Mailing Address 4620 North 10th Street

City State Zip Code
McAllen TX 78504

Purpose of Disbursement
meal expenditure - directors

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13870

Date of Disbursement

12 / 23 / 2010

Amount of Each Disbursement this Period

273.56

SUBTOTAL of Disbursements This Page (optional)

273.56

TOTAL This Period (last page this line number only)

273.56

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 / 76
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State ZIP Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID: SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State ZIP Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID: SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

1) SUBTOTALS This Period This Page (optional).....	1800.00
2) TOTALS This Period (last page this line number only).....	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1800.00

A. Form/Schedule : **SD10**
Transaction ID : **SD10.9553**

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

B. Form/Schedule : **SD10**
Transaction ID : **SD10.10053**

rent expenditure for office for 1st quarter of 2009 incurred but not paid.