

**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**

CITY

STATE

ZIP CODE

C00415752

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
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 (12G)

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

10

01

2009

through

12

31

2009

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

04

08

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	832724.43
(b) Cash on Hand at Beginning of Reporting Period	894013.92	
(c) Total Receipts (from Line 19)	85043.39	347999.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	979057.31	1180724.14
7. Total Disbursements (from Line 31)	79960.73	281627.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	899096.58	899096.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	84258.60	330381.14
(ii) Unitemized	784.79	12618.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)	85043.39	342999.71
(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)	85043.39	342999.71
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	85043.39	347999.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	85043.39	347999.71

DETAILED SUMMARY PAGE

of Disbursements

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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.....	34960.73	90627.56	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	34960.73	90627.56	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	191000.00	
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	0.00	
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))..	79960.73	281627.56	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79960.73	281627.56	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	85043.39	342999.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85043.39	342999.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34960.73	90627.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34960.73	90627.56

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

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

FOR LINE NUMBER: PAGE 6 / 169

(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. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10838

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11008

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Charity Abreu

Mailing Address 1619 heritage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10672

Amount of Each Receipt this Period

250.00

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: PAGE 7 / 169

(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)

Charity Abreu

Mailing Address 1619 heritage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10839

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Charity Abreu

Mailing Address 1619 heritage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11009

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ricardo Abreu

Mailing Address 200
E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10673

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 8 / 169

(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 Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10840

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11010

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10674

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 169

(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

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10841

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11011

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10675

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 10 / 169

(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)

Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10842

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11012

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10843

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 169

(check only one)

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11013

Amount of Each Receipt this Period

25.00

contribution

B.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10677

Amount of Each Receipt this Period

250.00

contribution

C.

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10844

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 12 / 169

(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

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11014

Amount of Each Receipt this Period

250.00

contribution

B.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10679

Amount of Each Receipt this Period

250.00

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10846

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 169

(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 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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11016

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004
N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10680

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004
N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10847

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11017

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10681

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10848

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 15 / 169

(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)

Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11018

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10682

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10849

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 169

(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)

Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11019

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

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10683

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10850

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 169

(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. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11020

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10684

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10851

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

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
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 6 / 2 0 0 9

Transaction ID: SA11AI.11021

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10685

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10852

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 169

(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)

Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11022

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10686

Amount of Each Receipt this Period

200.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10853

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 169

(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

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11023

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10687

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10854

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 21 / 169

(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)

Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11024

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Sarojini Bose

Mailing Address 7007 N 1st Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10688

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Sarojini Bose

Mailing Address 7007 N 1st Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10855

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 22 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Sarojini Bose

Mailing Address 7007 N 1st Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11025

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10689

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10856

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 23 / 169

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11026

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10690

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10857

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 169

(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

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11027

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Alejandro Bugnone

Mailing Address 429
Umar

City

McAllen

State

TX

Zip Code

78504

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10691

Amount of Each Receipt this Period

200.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Alejandro Bugnone

Mailing Address 429
Umar

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10858

Amount of Each Receipt this Period

200.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 169

(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. Alejandro Bugnone

Mailing Address 429

Umar

City

McAllen

State

TX

Zip Code

78504

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11028

Amount of Each Receipt this Period

200.00

contribution

B.

Full Name (Last, First, Middle Initial)

Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10692

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10859

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

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
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 6 / 2 0 0 9

Transaction ID: SA11AI.11029

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10693

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10860

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)
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FOR LINE NUMBER: PAGE 27 / 169

(check only one)

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11030

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10694

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10861

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11031

Amount of Each Receipt this Period

250.00

contribution

B.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10695

Amount of Each Receipt this Period

250.00

contribution

C.

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10862

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 169

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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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11032

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Eduardo Carrillo

Mailing Address 2300 Silverado North

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10696

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Eduardo Carrillo

Mailing Address 2300 Silverado North

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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10863

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Eduardo Carrillo

Mailing Address 2300 Silverado North

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11033

Amount of Each Receipt this Period

150.00

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10697

Amount of Each Receipt this Period

50.00

contribution

C.

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10864

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 169

(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)

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

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11034

Amount of Each Receipt this Period

50.00

contribution

B.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10698

Amount of Each Receipt this Period

250.00

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10865

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

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

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11035

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10699

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10866

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 33 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
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
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11036

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

weslaco

State

TX

Zip Code

78591

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10700

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City

weslaco

State

TX

Zip Code

78591

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10867

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 34 / 169

(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)

R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11037

Amount of Each Receipt this Period

250.00

contribution

B.

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
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 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10701

Amount of Each Receipt this Period

25.00

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
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10868

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: PAGE 35 / 169

(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. Roel Contreras

Mailing Address 1609 Harvey

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11038

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Margaret Coon

Mailing Address 3904 Bluejay 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 ▼

2101.21

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10702

Amount of Each Receipt this Period

167.40

contribution

C.

Full Name (Last, First, Middle Initial)

Margaret Coon

Mailing Address 3904 Bluejay 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 ▼

2298.16

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10869

Amount of Each Receipt this Period

196.95

contribution

SUBTOTAL of Receipts This Page (optional)

389.35

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 / 169

(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)

Margaret Coon

Mailing Address 3904 Bluejay 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 ▼

2445.87

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11039

Amount of Each Receipt this Period

147.71

contribution

B.

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
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2248.55

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10703

Amount of Each Receipt this Period

186.20

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
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2467.61

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10870

Amount of Each Receipt this Period

219.06

contribution

SUBTOTAL of Receipts This Page (optional)

552.97

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 / 169

(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)

Diana Cortinas

Mailing Address 1400 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2631.90

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11040

Amount of Each Receipt this Period

164.29

contribution

B.

Full Name (Last, First, Middle Initial)

Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1964.34

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10704

Amount of Each Receipt this Period

190.34

contribution

C.

Full Name (Last, First, Middle Initial)

Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.27

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10871

Amount of Each Receipt this Period

222.93

contribution

SUBTOTAL of Receipts This Page (optional)

577.56

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 / 169

(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

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 ▼

2355.22

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11041

Amount of Each Receipt this Period

167.95

contribution

B.

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10705

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10872

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

667.95

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 / 169

(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)

Javier Cortinas

Mailing Address 1400 Northgate

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
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	6	/	2	0	0	9

Transaction ID: SA11AI.11042

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10706

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10873

Amount of Each Receipt this Period

150.00

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 40 / 169

(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)

James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11043

Amount of Each Receipt this Period

150.00

contribution

B.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10708

Amount of Each Receipt this Period

250.00

contribution

C.

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10875

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 169

(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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11045

Amount of Each Receipt this Period

250.00

contribution

B.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10709

Amount of Each Receipt this Period

250.00

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10876

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 42 / 169

(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)

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11046

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10710

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10877

Amount of Each Receipt this Period

150.00

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 43 / 169

(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)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11047

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Ted Disque

Mailing Address 501 Iris

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10711

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Ted Disque

Mailing Address 501 Iris

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10878

Amount of Each Receipt this Period

25.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 169

(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. Ted Disque

Mailing Address 501 Iris

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11048

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10712

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10879

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)
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FOR LINE NUMBER: PAGE 45 / 169

(check only one)

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11049

Amount of Each Receipt this Period

250.00

contribution

B.

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10880

Amount of Each Receipt this Period

25.00

contribution

C.

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11050

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)
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☐ 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)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10714

Amount of Each Receipt this Period

50.00

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10881

Amount of Each Receipt this Period

50.00

contribution

C.

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

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11051

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)
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FOR LINE NUMBER: PAGE 47 / 169

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City

mcalled

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10715

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City

mcalled

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10882

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City

mcalled

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11052

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10716

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10883

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

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

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11053

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 49 / 169

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10717

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10884

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11054

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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 Flores

Mailing Address 320 Primrose

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10718

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Marco Flores

Mailing Address 320 Primrose

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10885

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Marco Flores

Mailing Address 320 Primrose

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11055

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 51 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10719

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10886

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11056

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Elvin Garcia

Mailing Address 2800 Santa Teresa

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10720

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Elvin Garcia

Mailing Address 2800 Santa Teresa

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10887

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Elvin Garcia

Mailing Address 2800 Santa Teresa

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11057

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 53 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

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
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10721

Amount of Each Receipt this Period

250.00

contribution

B.

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
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10888

Amount of Each Receipt this Period

250.00

contribution

C.

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
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 6 / 2 0 0 9

Transaction ID: SA11AI.11058

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10723

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10890

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11060

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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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

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10724

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10891

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11061

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10725

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10892

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11062

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

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 ▼

2187.22

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10726

Amount of Each Receipt this Period

180.48

contribution

B.

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 ▼

2399.55

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10893

Amount of Each Receipt this Period

212.33

contribution

C.

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 ▼

2558.80

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11063

Amount of Each Receipt this Period

159.25

contribution

SUBTOTAL of Receipts This Page (optional)

552.06

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10727

Amount of Each Receipt this Period

100.00

contribution

B.

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10894

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11064

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10895

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11065

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10733

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10900

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11070

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10731

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10898

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11068

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10732

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10899

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11069

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10729

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10896

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11066

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10734

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10901

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11071

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Enrique Griego

Mailing Address 905 Inspiratin Drive

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10735

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 65 / 169

(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)

Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10902

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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 6 / 2 0 0 9

Transaction ID: SA11AI.11072

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

John Guerra

Mailing Address 3105 Forest Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10736

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 169

(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)

John Guerra

Mailing Address 3105 Forest Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10904

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

John Guerra

Mailing Address 3105 Forest Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11073

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edinburg

State

TX

Zip Code

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10737

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 67 / 169

(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)

Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edburg

State

TX

Zip Code

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10905

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edburg

State

TX

Zip Code

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11074

Amount of Each Receipt this Period

250.00

contribution

C.

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 ▼

2473.25

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10738

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 68 / 169

(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)

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 ▼

2723.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10906

Amount of Each Receipt this Period

250.00

contribution

B.

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 ▼

2914.61

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11077

Amount of Each Receipt this Period

191.36

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10739

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

691.36

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 169

(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)

Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edburg

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10907

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edburg

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
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11078

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edburg

State

TX

Zip Code

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10740

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 169

(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

edburg

State

TX

Zip Code

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10908

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edburg

State

TX

Zip Code

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11079

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10741

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 71 / 169

(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)

Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10909

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11080

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

McAllen

State

TX

Zip Code

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10742

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 72 / 169

(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)

Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10910

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11081

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10743

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 73 / 169

(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)

Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	9	

Transaction ID: SA11AI.10911

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	6	/	2	0	9	

Transaction ID: SA11AI.11082

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	9	

Transaction ID: SA11AI.10744

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 169

(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)

Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10912

Amount of Each Receipt this Period

75.00

contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11083

Amount of Each Receipt this Period

75.00

contribution

C.

Full Name (Last, First, Middle Initial)

Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1535.43

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10745

Amount of Each Receipt this Period

136.08

contribution

SUBTOTAL of Receipts This Page (optional)

286.08

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 169

(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 Helbing

Mailing Address 820 Tamarack

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 ▼

1695.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10926

Amount of Each Receipt this Period

160.09

contribution

B.

Full Name (Last, First, Middle Initial)
Robert Helbing

Mailing Address 820 Tamarack

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 ▼

1815.59

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11084

Amount of Each Receipt this Period

120.07

contribution

C.

Full Name (Last, First, Middle Initial)
Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10747

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

305.16

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 169

(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 Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10915

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11086

Amount of Each Receipt this Period

25.00

contribution

C.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10748

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10916

Amount of Each Receipt this Period

250.00

contribution

B.

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11087

Amount of Each Receipt this Period

250.00

contribution

C.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10749

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 169

(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)

Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10917

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 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 6 / 2 0 0 9

Transaction ID: SA11AI.11088

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10750

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10903

Amount of Each Receipt this Period

250.00

contribution

B.

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11075

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10751

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10918

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11089

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Marina Jacobson

Mailing Address 1505 Doherty

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10919

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)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11090

Amount of Each Receipt this Period

25.00

contribution

B.

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
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10753

Amount of Each Receipt this Period

25.00

contribution

C.

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
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10920

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 169

(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)

Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 6 / 2 0 0 9

Transaction ID: SA11AI.11091

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Gauri Kanhere

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10754

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Gauri Kanhere

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10921

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 83 / 169

(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)

Gauri Kanhere

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11092

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10756

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10923

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 84 / 169

(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)

Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11094

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10757

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10924

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 85 / 169

(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)

Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11095

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alejandro Kudisch

Mailing Address 323 Nightingale

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10758

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alejandro Kudisch

Mailing Address 323 Nightingale

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10928

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Alejandro Kudisch

Mailing Address 323 Nightingale

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11096

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10759

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

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10929

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11097

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10760

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10930

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 88 / 169

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11098

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dale Linebarger

Mailing Address 901 West 9th Street
#405

City

austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10761

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dale Linebarger

Mailing Address 901 West 9th Street
#405

City

austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10931

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 169

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11099

Amount of Each Receipt this Period

250.00

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
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10762

Amount of Each Receipt this Period

50.00

contribution

C.

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
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10932

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Rolando Longoria

Mailing Address 32243 Road 83

City

San Benito

State

TX

Zip Code

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11100

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alfredo Lopez

Mailing Address 7609 N. 24th Circle

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10763

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alfredo Lopez

Mailing Address 7609 N. 24th Circle

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10933

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 91 / 169

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City
mcallen

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

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11101

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Julio Lopez

Mailing Address 1311 6th E. Street

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2188.88

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10764

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Julio Lopez

Mailing Address 1311 6th E. Street

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2438.88

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10934

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Julio Lopez

Mailing Address 1311 6th E. Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.88

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11102

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10935

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11103

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 169

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Salil Mangi

Mailing Address 3801 Sundown Court East

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10766

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Salil Mangi

Mailing Address 3801 Sundown Court East

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10936

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Salil Mangi

Mailing Address 3801 Sundown Court East

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11104

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 94 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10767

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10937

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11105

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 95 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Guillermo Marquez

Mailing Address 1702 Trinity Road

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10768

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Guillermo Marquez

Mailing Address 1702 Trinity Road

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10938

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Guillermo Marquez

Mailing Address 1702 Trinity Road

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11106

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 169

(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)

Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10769

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10939

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11107

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(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

edburg

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10770

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ricardo Martinez

Mailing Address 1903 W. Smith

City

edburg

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10940

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ricardo Martinez

Mailing Address 1903 W. Smith

City

edburg

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
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11108

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Santos Martinez

Mailing Address 125 East Yucca

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10771

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Santos Martinez

Mailing Address 125 East Yucca

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10941

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Santos Martinez

Mailing Address 125 East Yucca

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11109

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 99 / 169

(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

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10773

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10943

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11111

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 100 / 169

(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)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10775

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10945

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11113

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 101 / 169

(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)

Manuel Mercado

Mailing Address 3002 Santa Susana

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10776

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Manuel Mercado

Mailing Address 3002 Santa Susana

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10946

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Manuel Mercado

Mailing Address 3002 Santa Susana

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11114

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 102 / 169

(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 N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10777

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Mohamed

Mailing Address 5408 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10778

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

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
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	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10947

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 103 / 169

(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 Mohamed

Mailing Address 5408 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10948

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11116

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Mohamed

Mailing Address 5408 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11117

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 104 / 169

(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 Morales

Mailing Address 3325 Kent Lane

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10779

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Morales

Mailing Address 3325 Kent Lane

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10949

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Morales

Mailing Address 3325 Kent Lane

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11118

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 105 / 169

(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)

Leonel Moreno

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: SA11AI.10780

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Leonel Moreno

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	9

Transaction ID: SA11AI.10950

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Leonel Moreno

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	6		2	0	0	9

Transaction ID: SA11AI.11119

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 169

(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)

Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10781

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10951

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11120

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: PAGE 107 / 169

(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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10952

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11121

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
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 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10783

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10953

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11122

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10784

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 109 / 169

(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)

Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10954

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11123

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Fernando Otero

Mailing Address 121 E. Quamasia
#148

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10785

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

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(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)

Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10955

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11124

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10786

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
 Kip Owen

Mailing Address 2305 Red River

City State Zip Code
 mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10956

Amount of Each Receipt this Period

75.00

contribution

B.

Full Name (Last, First, Middle Initial)
 Kip Owen

Mailing Address 2305 Red River

City State Zip Code
 mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11125

Amount of Each Receipt this Period

75.00

contribution

C.

Full Name (Last, First, Middle Initial)
 Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City State Zip Code
 Edinburg TX 78540

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10787

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 112 / 169

(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. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10957

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.11126

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10788

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 169

(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

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10958

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11127

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

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 ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10789

Amount of Each Receipt this Period

125.00

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 114 / 169

(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. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10959

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

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 ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11128

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10790

Amount of Each Receipt this Period

150.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10960

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11129

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10961

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 169

(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. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11130

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10792

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10962

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 169

(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 Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11131

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10793

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10963

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 118 / 169

(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)

Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11132

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.15

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10794

Amount of Each Receipt this Period

100.70

contribution

C.

Full Name (Last, First, Middle Initial)

Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1271.62

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10964

Amount of Each Receipt this Period

118.47

contribution

SUBTOTAL of Receipts This Page (optional)

469.17

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 119 / 169

(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)

Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.11133

Amount of Each Receipt this Period

88.85

contribution

B.

Full Name (Last, First, Middle Initial)

Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2349.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10795

Amount of Each Receipt this Period

204.99

contribution

C.

Full Name (Last, First, Middle Initial)

Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2590.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10965

Amount of Each Receipt this Period

241.17

contribution

SUBTOTAL of Receipts This Page (optional)

535.01

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 120 / 169

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

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2771.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.11134

Amount of Each Receipt this Period

180.88

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Francisco Pina

Mailing Address 129 E. Jones

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

C

Name of Employer
selfemployedOccupation
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	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10796

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Francisco Pina

Mailing Address 129 E. Jones

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

C

Name of Employer
selfemployedOccupation
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
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10966

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

230.88

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 121 / 169

(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. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.11135

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10797

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10967

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 122 / 169

(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)

Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11136

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Sergio Ramirez

Mailing Address 1608 Woods 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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10798

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Sergio Ramirez

Mailing Address 1608 Woods 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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10968

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 123 / 169

(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)

Sergio Ramirez

Mailing Address 1608 Woods 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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11137

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Gustavo Ramos

Mailing Address 1301 S. Perking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10799

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Gustavo Ramos

Mailing Address 1301 S. Perking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10969

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 124 / 169

(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)

Gustavo Ramos

Mailing Address 1301 S. Perking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11138

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10801

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10972

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 169

(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. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11140

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

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10802

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10971

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 169

(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 Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11141

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10803

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10973

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 127 / 169

(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)

R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	9	

Transaction ID: SA11AI.11142

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	9	

Transaction ID: SA11AI.10804

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	9	

Transaction ID: SA11AI.10974

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: PAGE 128 / 169

(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)

William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11143

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ms Maria J. Rios

Mailing Address P.O. Box 3606

City

McAllen

State

TX

Zip Code

78502

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 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10975

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Maria J. Rios

Mailing Address P.O. Box 3606

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11144

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: PAGE 129 / 169

(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)
 Homero Rivas

Mailing Address 100 E. Houston

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10806

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
 Homero Rivas

Mailing Address 100 E. Houston

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10976

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
 Homero Rivas

Mailing Address 100 E. Houston

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

M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11145

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 130 / 169

(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)

Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10807

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10977

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	6	/	2	0	0	9

Transaction ID: SA11AI.11146

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 131 / 169

(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. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10808

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10978

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11147

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: PAGE 132 / 169

(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

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10809

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10979

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11148

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 169

(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)

Javier Saenz

Mailing Address 2308 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10810

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Javier Saenz

Mailing Address 2308 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10980

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Javier Saenz

Mailing Address 2308 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11149

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 134 / 169

(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)

JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10811

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10981

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	6	/	2	0	0	9

Transaction ID: SA11AI.11150

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 135 / 169

(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)

Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10812

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10982

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11151

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 136 / 169

(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)

Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10813

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10983

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 6 / 2 0 0 9

Transaction ID: SA11AI.11152

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 137 / 169

(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)

Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10814

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10984

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11153

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 169

(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)

John Sharp

Mailing Address P. O.Box 236

City

austin

State

TX

Zip Code

78767

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10815

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

John Sharp

Mailing Address P. O.Box 236

City

austin

State

TX

Zip Code

78767

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10985

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10816

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 139 / 169

(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)

Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10986

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	6	/	2	0	0	9

Transaction ID: SA11AI.11155

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10818

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 140 / 169

(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)

Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10988

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11157

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Hilda Solis

Mailing Address P.O.Box 3302

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10819

Amount of Each Receipt this Period

25.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 169

(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
Self employedOccupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10989

Amount of Each Receipt this Period

25.00

contribution

B.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
Self employedOccupation
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	6	/	2	0	0	9

Transaction ID: SA11AI.11158

Amount of Each Receipt this Period

25.00

contribution

C.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
self-employedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1526.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10820

Amount of Each Receipt this Period

125.05

contribution

SUBTOTAL of Receipts This Page (optional)

175.05

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1673.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10990

Amount of Each Receipt this Period

147.12

contribution

B.

Full Name (Last, First, Middle Initial)

Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1784.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11159

Amount of Each Receipt this Period

110.34

contribution

C.

Full Name (Last, First, Middle Initial)

Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10821

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

507.46

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 169

(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)

Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10991

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11160

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10822

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 144 / 169

(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 Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10992

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11161

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10823

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 145 / 169

(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)

Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10993

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11162

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

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10824

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10994

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
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 6 / 2 0 0 9

Transaction ID: SA11AI.11163

Amount of Each Receipt this Period

250.00

contribution

C.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10755

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10922

Amount of Each Receipt this Period

250.00

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

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11093

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10825

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

BORDER HEALTH FEDERAL PAC

A.

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10995

Amount of Each Receipt this Period

250.00

contribution

B.

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 ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11164

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10826

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10996

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11165

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10827

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address Rt 2 Box 658

City State Zip Code
 Raymondville TX 78580

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10997

Amount of Each Receipt this Period

50.00

contribution

B.

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

Mailing Address Rt 2 Box 658

City State Zip Code
 Raymondville TX 78580

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11166

Amount of Each Receipt this Period

50.00

contribution

C.

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10828

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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<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 Villalta

Mailing Address P. O. Box 1632

City

mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.10998

Amount of Each Receipt this Period

125.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Villalta

Mailing Address P. O. Box 1632

City

mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
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	6	/	2	0	0	9

Transaction ID: SA11AI.11167

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1632.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.10829

Amount of Each Receipt this Period

125.37

contribution

SUBTOTAL of Receipts This Page (optional)

375.37

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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 ▼

1780.19

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10999

Amount of Each Receipt this Period

147.50

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 ▼

1890.81

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11168

Amount of Each Receipt this Period

110.62

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 ▼

1334.79

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10830

Amount of Each Receipt this Period

102.50

contribution

SUBTOTAL of Receipts This Page (optional)

360.62

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Victor Villarreal

Mailing Address 901 W. Moore

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 ▼

1455.37

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11000

Amount of Each Receipt this Period

120.58

contribution

B.

Full Name (Last, First, Middle Initial)

Victor Villarreal

Mailing Address 901 W. Moore

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 ▼

1545.81

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11169

Amount of Each Receipt this Period

90.44

contribution

C.

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10831

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

361.02

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 154 / 169

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11001

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11170

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Raymond Walker

Mailing Address 1117 Shallow
apt 4

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10832

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 169

(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)

Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11002

Amount of Each Receipt this Period

250.00

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
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 Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11171

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
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10833

Amount of Each Receipt this Period

113.29

contribution

SUBTOTAL of Receipts This Page (optional)

613.29

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1513.93

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11003

Amount of Each Receipt this Period

133.28

contribution

B.

Full Name (Last, First, Middle Initial)

James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1613.89

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11172

Amount of Each Receipt this Period

99.96

contribution

C.

Full Name (Last, First, Middle Initial)

Patrick Wilcox

Mailing Address 111 Rio Grande

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10834

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)

333.24

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 157 / 169

(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)

Patrick Wilcox

Mailing Address 111 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11004

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Patrick Wilcox

Mailing Address 111 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11173

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Subbarao Yarra

Mailing Address 6905
N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10835

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 169

(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)
 Subbarao Yarra

Mailing Address 6905
 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Self-employed

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11005

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
 Subbarao Yarra

Mailing Address 6905
 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Self-employed

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11174

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
 Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 selfemployed

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10836

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 159 / 169

(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. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11006

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11175

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.10837

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 160 / 169

(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)

Hugo Zapata

Mailing Address 316 Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.11007

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.11176

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

84258.60

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 161 / 169

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capital Area Reach Program</p> <p>Mailing Address 601 Pennsylvania NW suite 900 south building</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11199</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Congressional Quarterly</p> <p>Mailing Address 1255 22nd Street NW</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement subscription services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11208</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="165.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CopyPlus</p> <p>Mailing Address 4500 N. 10th suite 240</p> <p>City McAllen State TX Zip Code 78504</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11207</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="527.49"/></p>

SUBTOTAL of Disbursements This Page (optional)

5692.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 162 / 169

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) International Museum of Arts and Science</p> <p>Mailing Address 1900 Nolano</p> <p>City McAllen State TX Zip Code 78504</p> <p>Purpose of Disbursement solicitation fundraising expenditures</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11193</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="943.00"/></p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms Nicole Leal</p> <p>Mailing Address 452 Quail</p> <p>City McAllen State TX Zip Code 78502</p> <p>Purpose of Disbursement contract labor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11203</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="615.00"/></p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Peppers</p> <p>Mailing Address 4620 North 10th Street</p> <p>City McAllen State TX Zip Code 78504</p> <p>Purpose of Disbursement luncheon meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11192</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="478.69"/></p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

2036.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 / 169

<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
fundraising expenditures

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11201

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

2231.55

B.

Full Name (Last, First, Middle Initial)

William J Clinton Foundation

Mailing Address 55 West 125th Street

City State Zip Code
New York NY 10027

Purpose of Disbursement
donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11204

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional)

27231.55

TOTAL This Period (last page this line number only)

34960.73

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 164 / 169

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
contribution

Candidate Name

AMERIPAC: THE FUND FOR A GREATER AMERICA

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.11197

Date of Disbursement

11 / 24 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City
METAIRIE

State
LA

Zip Code
70011

Purpose of Disbursement
contribution

Candidate Name

DAVID VITTER FOR US SENATE

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.11187

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City
METAIRIE

State
LA

Zip Code
70011

Purpose of Disbursement
contribution

Candidate Name

DAVID VITTER FOR US SENATE

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.11206

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 165 / 169

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) RAUL M GRIJALVA	Transaction ID: SB23.11190 Date of Disbursement																				
Mailing Address PO Box 1242	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	0	9												
City Tucson State AZ Zip Code 85702	Amount of Each Disbursement this Period																				
Purpose of Disbursement contribution Candidate Name	<table border="1"> <tr> <td colspan="9">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) GUTIERREZ, LUIS V	Transaction ID: SB23.11224 Date of Disbursement																				
Mailing Address 2846 N RIVERWALK	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												
City CHICAGO State IL Zip Code 60618	Amount of Each Disbursement this Period																				
Purpose of Disbursement contributions Candidate Name GUTIERREZ FOR CONGRESS	<table border="1"> <tr> <td colspan="9">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA	Transaction ID: SB23.11195 Date of Disbursement																				
Mailing Address 1404 South Illinois	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	0	9												
City Mercedes State TX Zip Code 78570	Amount of Each Disbursement this Period																				
Purpose of Disbursement contribution Candidate Name RUBEN E HINOJOSA	<table border="1"> <tr> <td colspan="9">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

RUBEN E HINOJOSA

Transaction ID: SB23.11196

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	0	9

Mailing Address 1404 South Illinois

Amount of Each Disbursement this Period

5000.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Mercedes	TX	78570

Purpose of Disbursement
contribution

011

Category/
TypeCandidate Name
RUBEN E HINOJOSAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 15

B.

Full Name (Last, First, Middle Initial)

Mike MIKE ROSS FOR CONGRESS COMM

Transaction ID: SB23.11219

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	9

Mailing Address PO Box 360

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
Prescott	AR	71857

Purpose of Disbursement
contribution

011

Category/
TypeCandidate Name
MIKE ROSS FOR CONGRESS COMMITTEEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 04

C.

Full Name (Last, First, Middle Initial)

PATTY MURRAY

Transaction ID: SB23.11215

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Mailing Address PO BOX 3662

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement
contribution

011

Category/
TypeCandidate Name
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGNOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.11202

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2009

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

45000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City	State	ZIP Code
McAllen	TX	78502

Outstanding Balance Beginning This Period

900.00

Transaction ID: SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City	State	ZIP Code
McAllen	TX	78502

Outstanding Balance Beginning This Period

900.00

Transaction ID: SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

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.