FEC FORM 3X	AND	ORT OF RE DISBURSE er Than An Autho	MENTS	ee	Office Use O	nly
1. NAME OF COMMITTEE (in fu		MAILING LABEL OR PRINT 🕊	Example:If typing over the lines	, type		
ADDRESS (number and s	street)	V EXPRESSWAY 83 S	UITE 10			
Check if different than previously reported. (ACC		R R				7
2. FEC IDENTIFICAT		CITY	A	STAT	E A ZIP	CODE 🔺
C00415752		3. IS T REF		NEW OR	X AMENDED (A)	
July 15QuarterlyOctober 1QuarterlyXJanuary 3QuarterlyJuly 31 MReport(NoYear Only	F Drts: Report(Q1) C Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year on-election (d	PRE-Election Report for the: Election	(M3) (M4) Primary (12F Convention (on General (300	12C)	Runoff (30R)	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	reasurer Ernie	to the best of my knowl Perez d by Ernie Perez		true, correct and co	04 08	2010
NOTE : Submission of fr	aise, erroneous, or ii		iay subject the pers			DRM 3X

Image# 10930475440

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name BORDER HEALTH FEDERAL PAC мм D D ΥΨ ММ D D 10 01 2009 12 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6. 20⁰09[°] 832724.43 January 1 (b) Cash on Hand at 894013.92 Begining of Reporting Period 85043.39 347999.71 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 979057.31 1180724.14 6(a) and 6(c) for Column B) 79960.73 281627.56 Total Disbursements (from Line 31) 7. Cash on Hand at Close of 8. **Reporting Period** 899096.58 899096.58 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed BY the committee (Itemize all on 1800.00 Schedule C and/or Schedule D)

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

FE6AN026

Image# 10930475441

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X	(Rev. 06/2004)	OF RECEIPTS	3 / 169
Write or Type Commit BORDER HEAL	tee Name TH FEDERAL PAC		
Report Covering the P	eriod: From:	0 1 Y Y W Y 0 1 2 0 0 9 To:	M M D D Y Y Y Y 12 31 2009
l. Re	ceipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other (a) Individuals/Per			
Than Political ((i) Itemized (u	Committees use Schedule A)	84258.60	330381.14
(ii) Unitemized	J	784.79	12618.57
(iii) TOTAL (ad Lines 11(a)	dd)(i) and (ii) 🕨	85043.39	342999.71
	Committees	0.00	0.00
(c) Other Political(such as PACs(d) Total Contribut	s)	0.00	0.00
11(a)(iii),(b) an Totals to Line 3	d (c)) (Carry 33, page 5) 🕨	85043.39	342999.71
12. Transfers From Affi Party Committees	liated/Other	0.00	0.00
13. All Loans Received		0.00	0.00
 Loan Repayments F Offsets To Operatin 		0.00	0.00
(Refunds, Rebates, (Carry Totals to Line 16. Refunds of Contribu	e 37, page 5)	0.00	0.00
to Federal candidate Political Committees	es and Other	0.00	5000.00
17. Other Federal Rece (Dividends, Interest,	ipts , etc.)	0.00	0.00
18. Transfers from Non (a) Non-Federal Acc	-Federal and Levin Funds		
	H3)	0.00	0.00
(b) Levin Funds (fro	m Schedule H5)	0.00	0.00
(c) Total Transfer (a	udd 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add 12, 13, 14, 15, 16, 1	Lines 11(d), 7, and 18(c))	85043.39	347999.71
20. Total Federal Receip (subtract Line 18(c)	ots from Line 19)	85043.39	347999.71

FE6AN026

Image# 10930475442

DETAILED SUMMARY PAGE

of Disbursements

4 / 169

FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 169	
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	
 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	
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00	
(use Schedule F)	0.00	0.00	
27. Loans Made	0.00	0.00	
 Refunds of Contributions To: (a) Individuals/Persons Other 	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs) (d) Total Contribution Refunds		0.00	
(add Lines 28(a), (b), and (c)) 🕨			
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	
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)). 	79960.73	281627.56	
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	79960.73	281627.56	

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DETAILED SUMMARY PAGE

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

5 / 169

	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

FE6AN026

S	CHEDULE A (FEC Form 3X)	Use separate schedule	e(s) FOR LINE NUMBER: PAGE 6 / 169 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by an e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous		Date of Receipt
	Mailing Address 1217 Fullerton		11 / D D / Y Y Y Y 117 2009
	City	State Zip Code	Transaction ID: SA11AI.10838
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	private investor Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	225.0	
_	Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous	·	Date of Receipt
	Mailing Address 1217 Fullerton		1 2 1 6 Y Y Y Y 1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11008
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.0	00
_	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 hertiage lane		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10672
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.0	00
Γ	SUBTOTAL of Receipts This Page (optional)	1	300.00

S	CHEDULE A (FEC Form 3X)	Use separate schedule	FOR LINE NUMBER: PAGE 7 / 169
	TEMIZED RECEIPTS	for each category of th	
•		Detailed Summary Pag	g_{ge} X 11a 11b 11c 12 13 14 15 16 11
A	Any information copied from such Reports and r for commercial purposes, other than using th	L Statements may not be sold or used by ar e name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
×.	Full Name (Last, First, Middle Initial) Charity Abreu	Date of Receipt	
	Mailing Address 1619 hertiage lane		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10839
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	2750.0	
_	Other (specify)		
	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 hertiage lane		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11009
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	3000.0	00
	Full Name (Last, First, Middle Initial) Ricardo Abreu	1	Date of Receipt
	Mailing Address 200 E. Xenops		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10673
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1500.0	00
Γ			650.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200			Date of Receipt
	E. Xenops		71.0.1	11 17 2009
	City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.10840
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self employed	Occupation physician	I	contribution
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 1650.00]
в.	Full Name (Last, First, Middle Initial) Ricardo Abreu			Date of Receipt
	Mailing Address 200 E. Xenops	01-1-	7. 0. 1.	1 2 / D D / Y Y Y Y 1 6 2 0 0 9
	City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.11010 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self employed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00]
С.	Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt
	Mailing Address 104 augusta square			M M / D D / Y Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10674
	mcallen FEC ID number of contributing federal political committee.	TX C	78503	Amount of Each Receipt this Period
	Name of Employer self-employee	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 2500.00]
	SUBTOTAL of Receipts This Page (optional)			550.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 / 169 (check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Ruben Abreu	Date of Receipt	
	Mailing Address 104 augusta square		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10841
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	2750.00]
- B.	Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
	Mailing Address 104 augusta square		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11011
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employee	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	3000.00]
С.	Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		M M / D D / Y Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10675
	<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date	
	 Primary General Other (specify) ▼ 	2500.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	750.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 / 169
	· · · ·	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
Г	An information and from such Departs and		
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any perso	on for the purpose of soliciting contributions
		e name and address of any political committee to	
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
	/		
	Full Name (Last, First, Middle Initial)		
Α.	Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		1 1 1 1 7 2 0 0 9
	0.1		
	City	State Zip Code	Transaction ID: SA11AI.10842
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.	C	230.00
			contribution
	Name of Employer selfemployed	Occupation	
		physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General		1
	Other (specify) 🔻	2750.00	
			-
-	Full Name (Last, First, Middle Initial)		
В.	Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		
	Maining Address 007 North Cage		12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11012
	-		
	<u>Pharr</u>	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing	С	250.00
	federal political committee.		
	Name of Employer	Occupation	- contribution
	Name of Employer selfemployed	Occupation	
		physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary General	Aggregate Year-to-Date V	1
]
	Primary General	Aggregate Year-to-Date V]
-	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date V]
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy	Aggregate Year-to-Date V	Date of Receipt
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date V	M M / D D / Y Y Y Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy	Aggregate Year-to-Date V	M M / D D / Y Y Y Y 11 1 17 2009
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy	Aggregate Year-to-Date V	M M / D D / Y Y Y Y
с.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin	Aggregate Year-to-Date V 3000.00	M M / D D / Y Y Y Y 11 1 17 2009
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen	Aggregate Year-to-Date V 3000.00 State Zip Code TX 78504	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing	Aggregate Year-to-Date V 3000.00 State Zip Code	M M / D D / Y
с.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen	Aggregate Year-to-Date V 3000.00 State Zip Code TX 78504	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer	Aggregate Year-to-Date V 3000.00 State Zip Code TX 78504	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee.	Aggregate Year-to-Date V 3000.00 State Zip Code TX 78504 C	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	Aggregate Year-to-Date Aggregate Year-to-Date 3000.00 State Zip Code TX 78504 C Occupation private investor	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer	Aggregate Year-to-Date ▼ 3000.00 3000.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Aggregate Year-to-Date Aggregate Year-to-Date 3000.00 State Zip Code TX 78504 C Occupation private investor	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Aggregate Year-to-Date ▼ 3000.00 3000.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼	M M / D D / Y
- С.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Aggregate Year-to-Date ▼ 3000.00 3000.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00 3000.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼ 225.00 225.00	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	Aggregate Year-to-Date ▼ 3000.00 3000.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼ 225.00 225.00	M M / D D / Y
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00 3000.00 State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼ 225.00 225.00	M M / D D / Y

Ś	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 / 169
		Use separate schedule(s) for each category of the	(check only one)
•	I EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г			13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persi- e name and address of any political committee to	on for the purpose of soliciting contributions
K	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
	BORDER HEALTH FEDERAL FAC		
. ×	Full Name (Last, First, Middle Initial) Ms Sahar Alizy		Date of Receipt
	Mailing Address 1609 Martin		1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11013
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	С	25.00
	Name of Employer	Occupation	contribution
	Name of Employer selfemployed	Occupation private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify) v	250.00	
			-
_	Full Name (Last, First, Middle Initial)		Data of Descipt
	Michael Alleyn Mailing Address 5505 N. 4th		Date of Receipt
	Mailing Address 5505 N. 4th		10 16 Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10677
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	250.00
	Name of Employer	Occupation	- contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		1
	Other (specify)	2500.00	
_	Full Name (Last, First, Middle Initial) Michael Alleyn	1	Date of Receipt
	Mailing Address 5505 N. 4th		
			11 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10844
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing	C	250.00
	federal political committee.		
	Name of Employer	Occupation	contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify) v	2750.00	
-			
1			
	SUBTOTAL of Receipts This Page (optional)		525.00

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 12/169
	· · · · · ·	Use separate schedule(s for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		12 16 Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11014
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		230.00
	Name of Employer	Occupation	contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify) 🔻	3000.00	
_			
	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		
			10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10679
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	2500.00	
	Other (specify) 🔻		
_	Full Name (Last, First, Middle Initial) Michael Amyx	1	Date of Receipt
	Mailing Address 2108 Mynah		
			11 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10846
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing	C	250.00
	federal political committee.		
	Name of Employer	Occupation	contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	2750.00	
	Other (specify)		
Г		1	
	SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 169 (check only one) 11a X 11a 13 14 15 16 17
		Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
<u>۷</u> .	Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.11016
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 3000.00	contribution
3.	Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City	State Zip Code	Date of Receipt 10 Transaction ID: SA11AI.10680
	mcallen FEC ID number of contributing federal political committee.	TX 78504 C Occupation	Amount of Each Receipt this Period 250.00 contribution
	Receipt For: Primary General Other (specify) ♥	physician Aggregate Year-to-Date 2500.00]
	Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004		Date of Receipt
	N. Cynthia	State Zip Code	Transaction ID: SA11AI.10847
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 2750.00]
		1	

C	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 / 169
		Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Δ	w information conied from such Reports and S	tatements may not be sold or used by any perso	13 14 15 16
or	for commercial purposes, other than using the	aname and address of any political committee to	solicit contributions from such committee.
∇	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt
	Mailing Address 7004 N. Cynthia		12 16 Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11017
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	3000.00	
			1
	Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
	Mailing Address 129 Bluebird		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10681
	Mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00]
	Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
	Mailing Address 129 Bluebird		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10848
	Mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		50.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	550.00	1
	Other (specify)	550.00	1

_				FOR LINE NUMBER: PAGE 15/169
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	angle BORDER HEALTH FEDERAL PAC			
∡ A.	Full Name (Last, First, Middle Initial) Daisy Arce			Date of Receipt
	Mailing Address 129 Bluebird			M + M / D - D / Y + Y + Y Y Y Y + Y + Y Y Y Y + Y + Y Y Y Y + Y + Y Y Y Y Y + Y Y Y Y Y + Y Y <th< th=""></th<>
	City	State	Zip Code	Transaction ID: SA11AI.11018
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupatio		contribution
	Receipt For:	physicia	n e Year-to-Date 🔻	—
	Primary General	Aggregate	e Year-to-Date V	-
	Other (specify)		600.00	
— В.	Full Name (Last, First, Middle Initial) Alejandro Arizmendi			Date of Receipt
	Mailing Address 307 N 'D' Salinas Blv	d		M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10682
	Donna	ТХ	78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
– c.	Full Name (Last, First, Middle Initial) Alejandro Arizmendi			Date of Receipt
•	Mailing Address 307 N 'D' Salinas Blv	d		M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10849
	Donna	ТΧ	78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		275.00	
_				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
		Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Alejandro Arizmendi		Date of Receipt
	Mailing Address 307 N 'D' Salinas Blvd		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11019
	Donna	TX 78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	300.00]
– B.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila	1	Date of Receipt
	Mailing Address 104 W. 20th Street		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10683
	Weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employed	Occupation doctor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila		Date of Receipt
	Mailing Address 104 W. 20th Street		M M / D D / Y Y Y Y 1 1 1 1 7 2009
	City	State Zip Code	Transaction ID: SA11AI.10850
	Weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 125.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00]
Γ	SUBTOTAL of Receipts This Page (optional)		275.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	for Det Statements may not be		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A.	, Full Name (Last, First, Middle Initial) Dr. Felipe Avila			Date of Receipt
	Mailing Address 104 W. 20th Street			12 16 Y Y Y Y 12 16
	City		p Code	Transaction ID: SA11AI.11020
	Weslaco	<u> </u>	8596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self-employed	Occupation		- contribution
	Receipt For:	doctor Aggregate Year-1	o Doto 🔻	
	Primary General	Aggregate rear-		1
	Other (specify)	0 0 0 0	750.00	
- В.	Full Name (Last, First, Middle Initial) Murphy Badiga			Date of Receipt
	Mailing Address 1503 S. Airport suite 6			M M / D D / Y Y Y Y Y 10 16 2009
	City		p Code	Transaction ID: SA11AI.10684
		<u>TX 7</u>	8596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		Contribution
	Receipt For:	Aggregate Year-	o-Date 🔻	
	Primary General Other (specify) ▼		2500.00]
- C.	Full Name (Last, First, Middle Initial) Murphy Badiga	I		Date of Receipt
	Mailing Address 1503 S. Airport suite 6			M M / D D / Y Y Y Y Y 11 1 17 2009
	City		p Code	Transaction ID: SA11AI.10851
	weslaco	<u>TX 7</u>	8596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		
	Receipt For:	Aggregate Year-	o-Date 🔻	_
	Primary General Other (specify) ▼		2750.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		625.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 18 / 169 (check only one) 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt
	Mailing Address 1503 S. Airport suite 6		12 / D D / Y Y Y Y 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11021
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation	- contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	3000.00	
- В.	Full Name (Last, First, Middle Initial) Cayetano Barrera	·	Date of Receipt
	Mailing Address 501 Mockingbird Lane		10 [/] 16 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.10685
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane	9	M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10852
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00]
Γ		•	350.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	itataments ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 169 (check only one) 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.11022
	mcallen	ТΧ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer self-employed	Occupatio physicial		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 600.00	
в.	Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio			Date of Receipt
	Maining Address 420 FIIO			10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10686
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer self-employed	Occupatio physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2300.00]
с.	Full Name (Last, First, Middle Initial) Ricardo Barrera			Date of Receipt
	Mailing Address 420 Frio			M M / D D / Y Y Y Y 11 / 17 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.10853
	mission FEC ID number of contributing federal political committee.	TX C	78572	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupatio physicial		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 2500.00]
	SUBTOTAL of Receipts This Page (optional)			450.00
	TOTAL This Period (last page this line number	only)		

TEEMIZED RECEIPTS for each category of the Detailed Summary Page Child Numery Line 110 1	SCHE	EDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 169
Declared Jumps 7 Age 13 14 15 16 11 Any Information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committies to solici contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) BORDEP HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initia) Date of Receipt Receipt Address 420 Frio 12 16 2 0.09 City State Zip Code 7572 FEC ID number of contributing federal political committee. C Anount of Each Receipt this Peniod Period Cocupation Physician Anount of Each Receipt this Peniod Receipt For: Agregate Year-to-Date V If 0 16 2 0.09 Name of Employed Cocupation Primary One of Receipt this Peniod If 0 2 0.09 B. Juan Bernini Agregate Year-to-Date V If 0 16 2 0.09 Transaction ID: SA11AL10687 Annount of Each Receipt This Peniod TX 78574 Amount of Each Receipt This Peniod 250.00 Contribution B. Juan Bernini Agregate Year-to-Date V	ITEM	ZED RECEIPTS	for each category of the	
of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Receipt Grain Date of Receipt Transaction ID: SA11AL11023 Amount of Engloyer Self-employed Decupation Primary General Other (specify) ▼ City Tell Name (Last, First, Middle Initial) Juan Berniti Mailing Address 2804 Santa Ana City Receipt For: Other (specify) ▼ Pinnary General Other (specify) ▼ Aggragate Year-to-Date Transaction ID: SA11AL10687 Amount of Each Receipt this Period Transaction ID: SA11AL10687 Aggragate Year-to-Date Transaction ID: SA11AL10687 Aggragate Year-to-Date Transaction ID: SA11AL10687 Amount of Each Receipt this Period City State Receipt For: Other (specify) ▼			Detailed Summary Page	
A Full Name (Last, First, Middle Initial) Mailing Address 420 Frio Date of Receipt Milling Address 420 Frio City State Zp Code Name of Employer self-amployed Docupation physician Date of Receipt Milling Address 2804 Santa Ana B. Julian e (Last, First, Middle Initial) mission Date of Receipt Milling Address 2804 Santa Ana City State Zp Code Mailing Address 2804 Santa Ana C City State Zp Code Mailing Address 2804 Santa Ana C Milling Address 2804 Santa Ana City State Zp Code Mailing Address 2804 Santa Ana C Milling Address 2804 Santa Ana City State Zp Code Mailing Address 2804 Santa Ana C C City State Zp Code Mailing Address 2804 Santa Ana C C City State Zp Code Mailing Address 2804 Santa Ana C C City State Zp Code Mailing Address 2804 Santa Ana Mailing Address 2804 Santa Ana Mailing Address 2804 Santa Ana City State Zp Code <t< th=""><th>Any info or for co</th><th>rmation copied from such Reports and State mmercial purposes, other than using the na</th><th>ements may not be sold or used by any personne and address of any political committee to</th><th>on for the purpose of soliciting contributions of solicit contributions from such committee.</th></t<>	Any info or for co	rmation copied from such Reports and State mmercial purposes, other than using the na	ements may not be sold or used by any personne and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A. Finando Barrera Date of Receipt Mailing Address 420 Frio Transaction ID: SA11AL11023 Mission TX 78572 FEC ID number of contributing federal political committee. C Transaction ID: SA11AL11023 Name of Employer self-employed Occupation physician Amount of Each Receipt Receipt For: Primary General C Juan Barnini Mailing Address 280.00 Contribution B. Juan Barnini Date of Receipt Transaction ID: SA11AL10837 Mailing Address 2804 Santa Ana Tit 16 / 200.9 City State Zip Code Transaction ID: SA11AL10887 Mailing Address 2804 Santa Ana Tit 16 / 200.9 City State Zip Code Transaction ID: SA11AL10887 Mailing Address 2804 Santa Ana C 16 / 200.9 City State Zip Code Transaction ID: SA11AL10887 Mailing Address 280.00 Contribution 250.00 City State Zip Code Tit 17 / 200.9 Transaction ID: SA11AL10854				
A. Ricardo Barrea Date of Receipt Mailing Address 420 Frio Transaction ID: SAT1AI.11023 City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date Image: Committee Primary Name of Employer Occupation Primary General Occupation Mailing Address 2804 Santa Ana Image: Committee. Date of Receipt B. Juan Bernini Mailing Address 2804 Santa Ana Image: Committee. City State Zip Code Transaction ID: SA11AI.10687 Mailing Address 2804 Santa Ana Image: Committee. Date of Receipt Mailing Address 2804 Santa Ana Image: Committee. Committee. Occupation TX 78574 Amount of Each Receipt His Period Feci ID number of contributing federal political committee. Occupation Date of Receipt Primary General Occupation Date of Receipt Primary General Date of Receipt Image: Committee. City Juan Bernini <td< th=""><th>BOF</th><th>RDER HEALTH FEDERAL PAC</th><th></th><th></th></td<>	BOF	RDER HEALTH FEDERAL PAC		
City State Zip Code mission TX 78572 FEC ID number of contributing C C Name of Employed Occupation physician Receipt For: Aggregate Year-to-Date V Primary General Aggregate Year-to-Date V Other (specify) ▼ State Zip Code Transaction ID: SA11AI.11023 Amount of Each Receipt IF or: Aggregate Year-to-Date V Ontribution B. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Mailing Address 2804 Santa Ana C 10 16 2 0 0.9 City State Zip Code Transaction ID: SA11AI.10687 Amount of Each Receipt IIs Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date V 10 16 2 0 0.9 Transaction ID: SA11AI.10687 Amount of Each Receipt IIs Period C 0 Contribution Primary General Occupation Physician Primary 2 0 0.9 Transaction ID: SA11AI.10854 Tx 7 17 2 0 0.9 <th>_</th> <th></th> <th></th> <th>Date of Receipt</th>	_			Date of Receipt
mission TX 78572 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 contribution Name of Employer self-employed Occupation physician C contribution contribution Receipt For: Aggregate Year-to-Date ▼ C Contribution contribution B. Juan Bernini Aggregate Year-to-Date ▼ Date of Receipt Maiing Address 2804 Santa Ana C Date of Receipt City State Zip Code TX 78574 FEC ID number of contributing federal political committee. C 250.00 contribution Receipt For: Occupation physician Aggregate Year-to-Date ▼ C contribution Receipt For: Aggregate Year-to-Date ▼ C contribution contribution Primary General Occupation physician C Date of Receipt City State Zip Code TX 78574 FEC ID number of contributing federal political committee. C Date of Receipt City State Zip Code Tansaction ID EsA11A1.10854	Maili	ng Address 420 Frio		
FEC ID number of contributing federal political committee. C 250.00 Name of Employer self-employed Occupation physician C contribution Receipt For: Other (specify) ▼ Agregate Year-to-Date ▼ C Date of Receipt B. Full Name (Last, First, Middle Initial) Juan Bernini Date of Receipt No. Mailing Address 2804 Santa Ana Tarasaction ID: SA11A1.10687 Anount of Each Receipt this Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Anount of Each Receipt this Period Receipt For: Primary General Occupation physician Aggregate Year-to-Date ▼ Anount of Each Receipt this Period C. Full Name (Last, First, Middle Initial) Juan Bernini Aggregate Year-to-Date ▼ Date of Receipt Maiing Address 2804 Santa Ana C If 1 17 2 00.9 C. Full Name (Last, First, Middle Initial) Juan Bernini Date of Receipt Contribution Maiing Address 2804 Santa Ana Tarasaction ID: SA11A1.10854 Tarasaction ID: SA11A1.10854 Maiing Address 2804 Santa Ana Tarasaction ID: SA11A1.10854 Anount of Each Receipt this Period	City			Transaction ID: SA11AI.11023
federal political committee. C 200.00 Name of Employer self-employed Occupation physician Cortribution Receipt For: Aggregate Year-to-Date ▼ Contribution B. Full Name (Last, First, Middle Initial) Date of Receipt Juan Bernini Malling Address 2804 Santa Ana City State Zip Code mission TX 78574 Transaction ID: SA11AL10687 FEC: ID number of contributing federal political committee. Occupation physician Aggregate Year-to-Date ▼ Receipt For: Occupation physician Occupation physician Date of Receipt Receipt For: Occupation physician Occupation physician Cocupation physician Receipt For: Aggregate Year-to-Date ▼ Occupation physician Date of Receipt Malling Address 2804 Santa Ana TX 78574 Ctly State Zip Code Transaction ID: SA11AL10854 Mount of Each Receipt Initial) Juan Bernini Mount of Each Receipt Initial Juan Bernini Malling Address 2804 Santa Ana TX City State Zip Code Transaction ID: SA11AL10854 <	<u>mis</u>	sion	TX 78572	Amount of Each Receipt this Period
Name of Employer Docupation Primary General Other (specify) Qregate Year-to-Date B. Juan Bemini Mailing Address 2804 Santa Ana City State TX 78574 FEC ID number of contributing tederal political committee. Occupation physician Name of Employer Occupation physician Primary General Other (specify) Occupation physician Receipt For: Occupation physician Period City State Z500.00 Occupation physician Receipt For: Occupation physician Period Primary General Other (specify) Qregate Year-to-Date C. Juan Bemini Mailing Address 2804 Santa Ana City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C Viange General Occupation physician Date of Receipt Mailing Address 2804 Santa Ana TX City Tasaction ID: SA11A1N10854			C	
Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 2750.00 B. Full Name (Last, First, Middle Initial) 200.9 Juan Bernini Mailing Address 2804 Santa Ana 0 Oity State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. 0 Name of Employer self-employed Occupation physician Primary General Other (specify) ▼ 0 C. Full Name (Last, First, Middle Initial) Juan Bernini Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 0 C. Full Name (Last, First, Middle Initial) Juan Bernini Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 0 Ctity State Zip Code Mailing Address 2804 Santa Ana Ctity State Zip Code Mailing Address 2804 Santa Ana 0 Ctity State Zip Code Mailing Address 2804 Santa Ana 0 Ctity State Zip Code Mailing Address	Nam self-	e of Employer employed	-	contribution
Other (specify) ▼ 2750.00 B. Juan Bernini Mailing Address 2804 Santa Ana Date of Receipt City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physician Aggregate Year-to-Date ▼ C Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt C. Full Name (Last, First, Middle Initial) Date of Receipt C. Full Name (Last, First, Middle Initial) Date of Receipt C. Full Name (Last, First, Middle Initial) Date of Receipt C. Full Name (Last, First, Middle Initial) Date of Receipt City State Zip Code Mailing Address 2804 Santa Ana TX City State Zip Code Mailing Address 2804 Santa Ana TX City State Zip Code Mailing Address 2804 Santa Ana TX City State Zip Code Mailing Address 2804 Santa Ana TX	Rece	ipt For:		-
Collier (spectry) ▼		,	2750.00	1
B. Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana Date of Receipt City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C 250.00 Name of Employer self-employed Occupation physician C Primary General Other (specify) Occupation physician Date of Receipt Kailing Address 2804 Santa Ana C Contribution Ct Juan Bernini Aggregate Year-to-Date Date of Receipt Ctity State Zip Code Transaction ID: SA11AI.10857 Amount of Each Receipt Hor: Date of Receipt Mailing Address QBV State Zip Code Transaction ID: SA11AI.10854 Mailing Address 2804 Santa Ana TX 78574 FEC ID number of contributing federal political committee. C Zip Code Transaction ID: SA11AI.10854 Amount of Each Receipt Hor: Aggregate Year-to-Date Amount of Each Receipt this Period 250.00 Ctity State Zip Code TX 250.00 Contribution <t< th=""><th></th><th>Other (specify) v</th><th></th><th></th></t<>		Other (specify) v		
City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer self-employed Occupation physician C Contribution Receipt For: Aggregate Year-to-Date ▼ Contribution Contribution City State Zip Code Transaction ID: SA11AI.10687 Mailing Address 2804 Santa Ana T Z500.00 City State Zip Code Transaction ID: SA11AI.10854 Mailing Address 2804 Santa Ana TX 78574 FEC ID number of contributing federal political committee. C Transaction ID: SA11AI.10854 Amount of Each Receipt For: Aggregate Year-to-Date ▼ Transaction ID: SA11AI.10854 Mailing Address 2804 Santa Ana T 78574 FEC ID number of contributing federal political committee. C 250.00 Contribution Name of Employer self-employed Occupation physician Cocupation physician Cocupation 250.00 Name of Employer Occupation physician Aggregate Year-to-Date V 250.00 <th></th> <th></th> <th></th> <th>Date of Receipt</th>				Date of Receipt
mission TX 78574 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer self-employed Occupation physician C contribution Receipt For: Primary General Other (specify) ▼ Occupation physician Date of Receipt Mailing Address 2804 Santa Ana Mailing Address 2804 Santa Ana City State Zip Code Transaction ID: SA11AI.10854 Amount of Each Receipt His Period 250.00 contribution	Maili	ng Address 2804 Santa Ana		
FEC ID number of contributing federal political committee. C 250.00 Name of Employed Occupation physician C contribution Receipt For: Aggregate Year-to-Date ▼ C C Full Name (Last, First, Middle Initial) Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana Date of Receipt City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C Name of Employed Occupation physician Receipt For: Aggregate Year-to-Date ▼	City		State Zip Code	Transaction ID: SA11AI.10687
federal political committee. C 230.00 Name of Employer self-employed Occupation physician contribution Receipt For: Aggregate Year-to-Date ▼ C Full Name (Last, First, Middle Initial) Juan Bernini 2500.00 Date of Receipt City State Zip Code Transaction ID: SA11Al.10854 Amount of Each Receipt this Period TX 78574 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physician C Name of Employer Occupation physician C Receipt For: Aggregate Year-to-Date ▼ Contribution	<u>mis</u>	sion	TX 78574	Amount of Each Receipt this Period
Name of Employed Occupation physician Receipt For: Aggregate Year-to-Date Primary General Other (specify) 2500.00 Full Name (Last, First, Middle Initial) Date of Receipt Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C Name of Employer self-employed Occupation physician C Name of Employer Occupation physician C Receipt For: Aggregate Year-to-Date ✓				
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00 C. Full Name (Last, First, Middle Initial) Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C Name of Employer self-employed Occupation physician Receipt For: Aggregate Year-to-Date ▼	Nam self-	e of Employer employed	•	- contribution
Other (specify) ▼ 2500.00 Full Name (Last, First, Middle Initial) Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer self-employed Occupation physician Occupation physician C Receipt For: Aggregate Year-to-Date ▼	Rece	ipt For:	· ·	
C. Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana 17 2009 City State Zip Code Transaction ID: SA11AI.10854 Mission TX 78574 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation physician 250.00 Name of Employer self-employed Occupation physician contribution Receipt For: Aggregate Year-to-Date ▼ Contribution		,	2500.00]
Mailing Address 2804 Santa Ana City State Zip Code mission TX 78574 FEC ID number of contributing federal political committee. C 250.00 Name of Employer self-employed Occupation physician contribution Receipt For: Aggregate Year-to-Date ▼		· · · · · · · · · · · · · · · · · · ·		Data of Respirit
CityStateZip CodeTransaction ID: SA11AI.10854missionTX78574Amount of Each Receipt this PeriodFEC ID number of contributing federal political committee.C250.00Name of Employer self-employedOccupation physiciancontributionReceipt For:Aggregate Year-to-Date ▼				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. C 250.00 Name of Employer self-employed Occupation physician contribution Receipt For: Aggregate Year-to-Date ▼	City		State Zip Code	
federal political committee. C 230.00 Name of Employer self-employed Occupation physician contribution Receipt For: Aggregate Year-to-Date ▼	<u>mis</u>	sion	TX 78574	Amount of Each Receipt this Period
Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼			C	
	Nam self-	e of Employer employed	•	
Primary	Rece	Pipt For:	Aggregate Year-to-Date 🔻	
Other (specify) 2750.00		Primary General Other (specify) ▼	2750.00]
SUBTOTAL of Receipts This Page (optional)	SUBTO	TAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number only)				

C	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 21 / 169
		Use separate schedule(s) for each category of the	(check only one)
1	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
A C	r for commercial purposes, other than using th	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
<i>д</i> .	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		12 ^{// Y Y Y Y Y} 12 ^{// 16^{// Y} 2009}
	City	State Zip Code	Transaction ID: SA11AI.11024
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date	
	Other (specify)	3000.00	
	Full Name (Last, First, Middle Initial) Sarojini Bose	•	Date of Receipt
	Mailing Address 7007 N 1st Lane		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10688
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	-1
	Primary General Other (specify) ▼	2500.00	
	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
	Mailing Address 7007 N 1st Lane		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10855
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
_			

6			FOR LINE NUMBER: PAGE 22 / 169
	SCHEDULE A (FEC Form 3X)	Obe Separate Seriedale(S)	(check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
_		Detailed Summary Fage	13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
N	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
بر A.	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
	Mailing Address 7007 N 1st Lane		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11025
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date	_
	Other (specify)	3000.00	
– В.	Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt
	Mailing Address 2005 Cimarron Court		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10689
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
– c.	Full Name (Last, First, Middle Initial) Francisco Bracamontes	1	Date of Receipt
0.	Mailing Address 2005 Cimarron Court		1 1 1 7 2009
	City	State Zip Code	Transaction ID: SA11AI.10856
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
Г		1	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 169 (check only one) X X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	Id Statements may not be sold or used by any persor the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Cou		12 [/] 16 [/] 2009
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.11026
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
Mailing Address 2000 N. 8th Street		M M / D D / Y Y Y Y 10 16 2009
City	State Zip Code	Transaction ID: SA11AI.10690
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer self-employed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
Mailing Address 2000 N. 8th Street		M M / D D / Y Y Y Y 11 1 17 2009
City	State Zip Code	Transaction ID: SA11AI.10857
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optiona	l)	750.00
TOTAL This Period (last page this line num	·	

~			FOR LINE NUMBER: PAGE 24 / 169
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	
ہ د	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle border health federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
	Mailing Address 2000 N. 8th Street		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.11027
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	3000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone		Date of Receipt
	Mailing Address 429 Umar		10 ^{M M} /D D/YYYY 120 ^{D D} /2009
	City	State Zip Code	Transaction ID: SA11AI.10691
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	800.00	
	Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone		Date of Receipt
	Mailing Address 429		
	Umar		11 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10858
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
_		1	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Rep or for commercial purposes, other that NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	ports and Statements may not be sold or used by any perso n using the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr. Alejandro Bugnone Mailing Address 429 Umar City McAllen		Date of Receipt 1 2 1 6 2 0 0 9 Transaction ID: SA11AI.11028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed	Occupation doctor	200.00 contribution
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia	Aggregate Year-to-Date 1200.00]
B. Desi Canals Mailing Address 1912 Trinity		Date of Receipt 1 0 / 1 6 / Y Y Y Y 2 0 0 9
City <u>Mission</u> FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78574	Transaction ID: SA11AI.10692 Amount of Each Receipt this Period 25.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initia Desi Canals Mailing Address 1912 Trinity	al)	Date of Receipt
City <u>Mission</u> FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID: SA11AI.10859 Amount of Each Receipt this Period 25.00
Name of Employer Self employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼ 275.00	contribution
Other (specify)	(optional)	250.00

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 26 / 169			
· · · ·	Use separate schedule(s) for each category of the	(check only one)			
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12			
Anninformation and distance 1. D. 1.					
Any information copied from such Reports and S or for commercial purposes, other than using the	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
BORDER HEALTH FEDERAL PAC					
Full Name (Last, First, Middle Initial) Desi Canals					
Mailing Address 1912 Trinity	Mailing Address 1912 Trinity				
City	State Zip Code	Transaction ID: SA11AI.11029			
Mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer Self employed	Occupation physician	- contribution			
Receipt For:	Aggregate Year-to-Date V	-1			
Primary General		1			
Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt			
Mailing Address P.O.Box 2673					
City	State Zip Code	Transaction ID: SA11AI.10693			
mcallen	TX 78502	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed	Occupation private investor	- contribution			
Receipt For:	Aggregate Year-to-Date V	1			
Primary General Other (specify) ▼	2500.00				
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt			
Mailing Address P.O.Box 2673		M M / D D / Y Y Y Y 1 1 1 1 7 2009			
City	State Zip Code	Transaction ID: SA11AI.10860			
mcallen	TX 78502	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer self-employed	Occupation private investor	- contribution			
	Aggregate Year-to-Date V	1			
Receipt For:					
Receipt For: Primary General Other (specify) ▼	2750.00				
Primary General					
Primary General	2750.00	525.00			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		n for the purpose of soliciting contributions		
	BORDER HEALTH FEDERAL PAC				
A.	Full Name (Last, First, Middle Initial) Alonzo Cantu	Date of Receipt			
	Mailing Address P.O.Box 2673	1 2 / 1 6 / Y Y Y Y 1 2 / 1 6 / 2 0 0 9			
	City	State Zip Code	Transaction ID: SA11AI.11030		
	mcallen	TX 78502	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer self-employed	Occupation private investor	contribution		
	Receipt For:	Aggregate Year-to-Date V	_		
	Other (specify) ▼	3000.00			
в.	Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt		
	Mailing Address 1000 N. Taylor Road	ailing Address 1000 N. Taylor Road			
	City	State Zip Code	Transaction ID: SA11AI.10694		
	mcallen	TX 78501	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer self-employed	Occupation physician	- contribution		
	Receipt For:	Aggregate Year-to-Date ▼	-		
	Other (specify)	2500.00			
C.	Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt		
	Mailing Address 1000 N. Taylor Road		M M / D D / Y Y Y Y 111 17 2009		
	City	State Zip Code	Transaction ID: SA11AI.10861		
	mcallen	TX 78501	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer self-employed	Occupation physician	contribution		
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General Other (specify) ▼	2750.00			
	SUBTOTAL of Receipts This Page (optional)	······	750.00		
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 28 / 169 (check only one)			
	ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC					
A.	Full Name (Last, First, Middle Initial) Carlos Cardenas					
	Mailing Address 1000 N. Taylor Road	1 2 1 6 Y Y Y Y 1 2 1 6 2 0 0 9				
	City	State Zip Code	Transaction ID: SA11AI.11031			
	mcallen	TX 78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer self-employed	Occupation physician	- contribution			
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	3000.00]			
B.	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt				
	Mailing Address 1016 E. Griffin Parkwa	M M / D D / Y Y Y Y Y 10 16 2009				
	City	State Zip Code	Transaction ID: SA11AI.10695			
	mission	TX 78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer self-employed	Occupation physician	- contribution			
	Receipt For:	Aggregate Year-to-Date V				
	 Primary General Other (specify) ▼ 	2500.00]			
С.	Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt			
	Mailing Address 1016 E. Griffin Parkwa	M M / D D / Y Y Y Y Y 111 17 2009				
	City	State Zip Code	Transaction ID: SA11AI.10862			
	mission	TX 78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		250.00			
	Name of Employer self-employed	Occupation physician				
	Receipt For: Primary General	Aggregate Year-to-Date ▼				
	Other (specify) ▼	2750.00				
	SUBTOTAL of Receipts This Page (optional)	· ······	750.00			
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may a	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE NUMBER: PAGE 29 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A .	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt		
	Mailing Address 1016 E. Griffin Parkwa	12 ¹⁰		
	City	State	Zip Code	Transaction ID: SA11AI.11032
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation		contribution
	Receipt For:	physician	Year-to-Date V	_
	Primary General	Aggregate		1
	Other (specify)	0 0	3000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo	1		Date of Receipt
	Mailing Address 2300 Silverado North			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10696
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1200.00]
С.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo			Date of Receipt
	Mailing Address 2300 Silverado North			M M / D D / Y Y Y Y 111 177 2009
	City	State	Zip Code	Transaction ID: SA11AI.10863
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	1350.00]
	SUBTOTAL of Receipts This Page (optional)			550.00
	TOTAL This Period (last page this line number	only)	 	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	5 solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo Mailing Address 2300 Silverado North	Date of Receipt		
		Chata	Zin Onde	12 16 2009
	City Mission	State TX	Zip Code 78572	Transaction ID: SA11AI.11033 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date V 1500.00]
В.	Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021			Date of Receipt
	Elk Lane			10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10697
	Edinburg FEC ID number of contributing federal political committee.	TX C	78539	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupatio private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
C.	Full Name (Last, First, Middle Initial) Marissa Castaneda			Date of Receipt
	Mailing Address 5021 Elk Lane			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10864
	Edinburg FEC ID number of contributing federal political committee.	TX C	78539	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation private in		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 550.00]
	SUBTOTAL of Receipts This Page (optional)		······	250.00
	TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 169 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X11a11b11c121314151617
/ c	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Z	Full Name (Last, First, Middle Initial) Marissa Castaneda		Date of Receipt
	Mailing Address 5021 Elk Lane		M M / D D / Y Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11034
		TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	600.00	
	Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt
	Mailing Address 223 Rio Grande Drive		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10698
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	2500.00	
_	Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt
	Mailing Address 223 Rio Grande Drive		M M / D D / Y Y Y Y 111 177 2009
	City	State Zip Code	Transaction ID: SA11AI.10865
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Γ		l	550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 169 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	BORDER HEALTH FEDERAL PAC					
Α.	Augusto Castrillon	Full Name (Last, First, Middle Initial) Augusto Castrillon				
	Mailing Address 223 Rio Grande Drive	1 2 / D D / Y Y Y Y 1 6 / 2 0 0 9				
	City	State Zip Code	Transaction ID: SA11AI.11035			
	mission	TX 78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer self-employed	Occupation physician	- contribution			
	Receipt For:	Aggregate Year-to-Date ▼	1			
	Primary General Other (specify) ▼	3000.00				
B.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt			
	Mailing Address 2301 N. Bryan Road		M + M / D + D / Y + Y + Y Y			
	City	State Zip Code	Transaction ID: SA11AI.10699			
	mission	TX 78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer self-employed	Occupation physician	- contribution			
	Receipt For:	Aggregate Year-to-Date ▼				
	 Primary General Other (specify) ▼ 	2500.00				
С.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas	1	Date of Receipt			
	Mailing Address 2301 N. Bryan Road		M M / D D / Y Y Y Y 111 17 2009			
	City	State Zip Code	Transaction ID: SA11AI.10866			
	mission	TX 78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer self-employed	Occupation physician	- contribution			
	Receipt For:	Aggregate Year-to-Date V				
	 Primary General Other (specify) ▼ 	2750.00				
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00			
	TOTAL This Period (last page this line number	only)				

		[FOR LINE NUMBER: PAGE 33 / 169
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
I			for each category of the Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas	Date of Receipt		
	Mailing Address 2301 N. Bryan Road	1 2 / D D / Y Y Y Y 1 6 / 2 0 0 9		
	City	State	Zip Code	Transaction ID: SA11AI.11036
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	1 1	Year-to-Date V	1
	Primary General	33 - 3		1
	Other (specify)	0 0	3000.00	
- В.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan	1		Date of Receipt
	Mailing Address 1210 East 8th street suite 1			M M / D D / Y Y Y Y 10 / 16 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.10700
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		2500.00]
– C.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan	1		Date of Receipt
0.	Mailing Address 1210 East 8th street suite 1	M M / D D / Y Y Y Y 1 1 1 1 7 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10867
	weslaco	TX	78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:		Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00
F	SUBTUTAL OF DECEIPTS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
۹.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan	Date of Receipt	
	Mailing Address 1210 East 8th street suite 1	M M / D D / Y Y Y Y 12 16 2009	
	City	State Zip Code	Transaction ID: SA11AI.11037
	weslaco	TX 78591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	3000.00	
	Full Name (Last, First, Middle Initial) Mr. Roel Contreras		Date of Receipt
	Mailing Address 1609 Harvey		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10701
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer selfemployed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) Mr. Roel Contreras		Date of Receipt
	Mailing Address 1609 Harvey		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10868
	McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation	contribution
		private investor	4
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 35 / 169 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 110 110
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey	Date of Receipt		
	<u></u>	1 2 1 6 2 0 0 9 Transaction ID: SA11AI.11038		
	McAllen	CityStateZip CodeMcAllenTX78501		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 275.00]
в.	Full Name (Last, First, Middle Initial) Margaret Coon Mailing Address 3904 Bluejay drive			Date of Receipt
				10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10702
	Mission FEC ID number of contributing federal political committee.	TX C	78572	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2101.21]
с.	Full Name (Last, First, Middle Initial) Margaret Coon			Date of Receipt
	Mailing Address 3904 Bluejay drive	Mailing Address 3904 Bluejay drive		
	City	State	Zip Code	Transaction ID: SA11AI.10869
	Mission FEC ID number of contributing federal political committee.	TX C	78572	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2298.16]
	SUBTOTAL of Receipts This Page (optional)			389.35
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 169 (check only one) Image: Check only one) Image: Check only one) X 11a 11b 11c 12 I 13 14 15 16 17 on for the purpose of soliciting contributions Image: Check on the purpose of soliciting contributions Image: Check on the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Margaret Coon Mailing Address 3904 Bluejay drive	Date of Receipt		
	City	State	Zip Code	Transaction ID: SA11AI.11039
	Mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		147.71
	Name of Employer selfemployed	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 2445.87]
- B.	Full Name (Last, First, Middle Initial) Diana Cortinas			Date of Receipt
	Mailing Address 1400 Northgate Lane			10 ^{//} 16 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.10703
	mcallen FEC ID number of contributing federal political committee.	TX C	78504	Amount of Each Receipt this Period 186.20
	Name of Employer self-employed	Occupatio physiciar		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2248.55]
- C.	Full Name (Last, First, Middle Initial) Diana Cortinas			Date of Receipt
	Mailing Address 1400 Northgate Lane			M M / D D / Y Y Y Y Y 1 1 1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10870
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		219.06
	Name of Employer self-employed	Occupatio physiciar	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2467.61]
ſ	SUBTOTAL of Receipts This Page (optional)			552.97
	TOTAL This Period (last page this line number	only)		
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 37 / 169 (check only one) 11c X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions
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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane			Date of Receipt
	City	Ctoto	Zin Codo	
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.11040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		164.29
	Name of Employer self-employed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2631.90	
- B.	Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane	I		Date of Receipt
				10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10704
	mcallen FEC ID number of contributing federal political committee.	TX C	78504	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1964.34]
- C.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10871
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		contribution
	Name of Employer self-employed	Occupation physicial	n	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2187.27]
ſ	SUBTOTAL of Receipts This Page (optional)			577.56
	TOTAL This Period (last page this line number	only)		

				FOR LINE NUMBER: PAGE 38 / 169
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
	Mailing Address 1224 Northgate Lane			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11041
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		167.95
	Name of Employer	Occupatio	n	contribution
	self-employed	physicia	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		2355.22	1
_	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
	Mailing Address 1400 Northgate			M M / D D / Y Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10705
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physicial		- contribution
	Receipt For:	1 1 1	e Year-to-Date 🔻	-
	Primary General	riggrogati		1
	Other (specify)	0 0	2500.00	
- C.	Full Name (Last, First, Middle Initial) Javier Cortinas	•		Date of Receipt
	Mailing Address 1400 Northgate			M M / D D / Y Y Y Y 1 1 1 1 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.10872
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physicial		contribution
	Receipt For:	1 1	e Year-to-Date 🔻	—
	Primary General Other (specify) ▼		2750.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		667.95
┝				
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 169 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12
Г		-		13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
k	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	bonden neaenn edenaer ac			
A.	Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
<i>.</i>	Mailing Address 1400 Northgate			
				12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11042
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing	0		250.00
	federal political committee.	С		250.00
	Name of Employer	Occupatio	2	contribution
	Name of Employer self-employed	Occupation physiciar		
	Receipt For:	1 1 2		-1
	Primary General	Aggregate	e Year-to-Date V	
	Other (specify)		3000.00	
		0 0		1
-	Full Name (Last, First, Middle Initial)			
В.	James Darling			Date of Receipt
	Mailing Address 1225 E Peking			M M / D D / Y Y Y Y
	<u></u>		7:0.1	10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10706
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing	С		150.00
	federal political committee.			
	Name of Employer	Occupatio	n	- contribution
	selfemployed	private in	ivestor	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1500.00	1
	Other (specify)	0 0		
-	Evel News (Lest First Middle Isitial)			
C.	Full Name (Last, First, Middle Initial) James Darling			Date of Receipt
•	Mailing Address 1225 E Peking			M M / D D / Y Y Y Y
				11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10873
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing	C		150.00
	federal political committee.	C		
	Name of Employer	Occupatio	n	- contribution
	selfemployed	private in		
	Receipt For:		e Year-to-Date V	
	Primary General	, iggi oguio		1
	Other (specify) v		1650.00	
-				
[
	SUBTOTAL of Receipts This Page (optional)			550.00
ŀ				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions
Z	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
Α.	James Darling		Date of Receipt
	Mailing Address 1225 E Peking		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11043
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	1800.00	
	Full Name (Last, First, Middle Initial) David Deanda	1	Date of Receipt
	Mailing Address 2408 Dorado		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.10708
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
-).	Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
	Mailing Address 2408 Dorado		M M / D D / Y Y Y Y 1 1 1 1 7 2009
	City	State Zip Code	Transaction ID: SA11AI.10875
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	contribution
	Name of Employer self-employed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	650.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 41 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions 110 110 110
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ie name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado		Date of Receipt
			12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11045
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation	- contribution
	Receipt For:	private investor	_
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	3000.00	
в.	Full Name (Last, First, Middle Initial) Jorge De La Garza	•	Date of Receipt
	Mailing Address 120 Condor		10 ^{//} 16 [/] Y Y Y Y 10 ^{//} 16 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.10709
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00]
- C.	Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt
	Mailing Address 120 Condor		1 1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10876
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 2750.00]
ſ		L	750.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 169
			Use separate schedule(s) for each category of the	(check only one)
11	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Jorge De La Garza			Date of Receipt
	Mailing Address 120 Condor			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11046
	mcallen	ТΧ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	contribution
	self-employed	physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		2000.00	
	Other (specify)	0 0	3000.00	
	Full Name (Last, First, Middle Initial)			
	Luis Delgado, Jr.			Date of Receipt
	Mailing Address 5128 N. 10th			10 ^M 16 ^Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.10710
	Mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer	Occupation	1	contribution
	selfemployed	physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		1500.00	
	Full Name (Last, First, Middle Initial)			
	Luis Delgado, Jr. Mailing Address 5128 N. 10th			Date of Receipt
				1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10877
	Mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			150.00
	federal political committee.	C		
	Name of Employer	Occupatior	1	contribution
	selfemployed	physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		1650.00	
	Other (specify)			
		1		

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 169 (check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
An	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perso	n for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
 ۹.	Full Name (Last, First, Middle Initial) Luis Delgado, Jr.		Date of Receipt
	Mailing Address 5128 N. 10th		12 ^{//} 16 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.11047
	Mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	1800.00]
 3.	Full Name (Last, First, Middle Initial) Mr. Ted Disque		Date of Receipt
	Mailing Address 501 Iris		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10711
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	225.00]
).	Full Name (Last, First, Middle Initial) Mr. Ted Disque		Date of Receipt
	Mailing Address 501 Iris		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10878
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00]
s	JBTOTAL of Receipts This Page (optional)		200.00
	OTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 169 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pers the name and address of any political committee to	13 14 15 16 ion for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Ľ	Full Name (Last, First, Middle Initial) Mr. Ted Disque		Date of Receipt
	Mailing Address 501 Iris		1 2 1 6 Y Y Y Y Y 1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11048
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	private investor Aggregate Year-to-Date	
	Primary General	275.00	
	Other (specify)		
-	Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
	Mailing Address 1615 Palazzo		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10712
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	2500.00	
	Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
	Mailing Address 1615 Palazzo		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10879
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Γ			525.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 169
			for each category of the	(check only one)
	EIVIZED RECEIPIS		Detailed Summary Page	
_				13 14 15 16 17
A or	ny information copied from such Reports and s for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any per- dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
	Mailing Address 1615 Palazzo			12 ^M 16 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.11049
	mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	on	contribution
	selfemployed	physicia	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date	
	Other (specify)	0 0	3000.00	
— B.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo			Date of Receipt
	Mailing Address 2411 Durango Drive			1 1 1 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.10880
	Mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:	-1 -1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		225.00	
 C.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo			Date of Receipt
	Mailing Address 2411 Durango Drive			1 2 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11050
	Mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
		1		

Г	Any information copied from such Reports and S	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee	to solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar		Date of Receipt
	Mailing Address 108 Yellow Hammer		10 ^M 16 ^V 2009
	City	State Zip Code	Transaction ID: SA11AI.10714
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician Aggregate Year-to-Date	
	Primary General		
	Other (specify)	500.00	
- В.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar		Date of Receipt
	Mailing Address 108 Yellow Hammer		M M / D D / Y Y Y Y 1 1 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10881
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	550.00	
– C.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar	1	Date of Receipt
	Mailing Address 108 Yellow Hammer		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11051
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Γ	SUBTOTAL of Receipts This Page (optional).	•	150.00

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 47 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 11 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt
			10 ¹ 16 ² 2009
	City	State Zip Code	Transaction ID: SA11AI.10715
	mcallent	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2500.00]
- В.	Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt
	Mailing Address 136 W. Yucca		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.10882
	mcallent	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2750.00	
- C.	Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt
	Mailing Address 136 W. Yucca		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11052
	mcallent	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 3000.00]
Γ		L	750.00

S	CHEDULE A (FEC Form 3X)		e separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 169
	EMIZED RECEIPTS		each category of the	(check only one)
	EIVIZED RECEIPTS		ailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be	e sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	BONDEN HEALTH FEDERAL FAC			
×	Full Name (Last, First, Middle Initial) Maria Elena Falcon			Date of Receipt
	Mailing Address 2212 Westway			M M / D D / Y Y Y Y 10 16 2009
	City	State Zi	p Code	Transaction ID: SA11AI.10716
	mcallen	TX 78	3504	Amount of Each Receipt this Period
	FEC ID number of contributing	•		250.00
	federal political committee.			230.00
	Name of Employer	Occupation		- contribution
	self-employed	physician		
	Receipt For:	Aggregate Year-t	o-Date V	1
	Primary General			
	Other (specify) v		2500.00	
_				
	Full Name (Last, First, Middle Initial) Maria Elena Falcon			Date of Receipt
				·
	Mailing Address 2212 Westway			1 1 1 7 2 0 0 9
	City	State Zi	p Code	Transaction ID: SA11AI.10883
	mcallen	TX 78	3504	Amount of Each Receipt this Period
	FEC ID number of contributing		U U U U	250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		- contribution
	self-employed	physician		
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Primary General			
	Other (specify)	0 0 0 0	2750.00	
	Full Name (Last, First, Middle Initial) Maria Elena Falcon			Date of Receipt
	Mailing Address 2212 Westway			
	LETE WEStway			12 16 2009
	City	State Zi	p Code	Transaction ID: SA11AI.11053
	mcallen	TX 78	8504	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.			200.00
	Name of Employer	Occupation		- contribution
	self-employed	physician		
	Receipt For:	Aggregate Year-te	o-Date 🔻	-
	Primary General			
	Other (specify) v		3000.00	
Г				
	SUBTOTAL of Receipts This Page (optional)		•	750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 169 (check only one) 11a X 11a 13 14 15 16 17 n for the purpose of soliciting contributions	
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	ing the name and address of any political committee to a	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) A. Alberto Felici Mailing Address 2309 W. Greenb	riar Square	Date of Receipt	
		10 16 2009	
City	State Zip Code	Transaction ID: SA11AI.10717	
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00	
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenb	riar Square	Date of Receipt	
City	State Zip Code	Transaction ID: SA11AI.10884	
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period	
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Alberto Felici Mailing Address 2309 W. Greenb		Date of Receipt	
		12 16 2009	
City	State Zip Code	Transaction ID: SA11AI.11054	
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period	
Name of Employer self-employed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		
SUBTOTAL of Receipts This Page (opti	onal)	300.00	
TOTAL This Period (last page this line r	umber only)		

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 169
	TEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse a name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		10 ^{//} 16 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.10718
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General		
	Other (specify)	2500.00	
- 3.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10885
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	2750.00]
_).	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11055
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	3000.00	
Г			750.00

ſ			ĺ	FOR LINE NUMBER: PAGE 51 / 169
	CHEDULE A (FEC Form 3X)		separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 🗌 11b 🗌 11c 🔲 12 🔄
_				
A C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be e name and address of	sold or used by any person any political committee to s	1 for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin	Date of Receipt		
	Mailing Address 3212 Nightingale Cou	rt		M M / D D Y
	City		o Code	Transaction ID: SA11AI.10719
	McAllen	TX 78	504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation		contribution
	selfemployed	private investor		
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Primary General		400.00	
_	Other (specify)	0 0 0		
	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
	Mailing Address 3212 Nightingale Cou	rt		M M / D D / Y Y Y Y 111 177 2009
	City	State Zip	o Code	Transaction ID: SA11AI.10886
	McAllen	TX 78	504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private investor		- contribution
	Receipt For:	Aggregate Year-to	o-Date 🔻	-
	Primary General Other (specify) ▼		450.00	
. –	Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
•	Mailing Address 3212 Nightingale Cou	rt		12 16 2009
	City	State Zip	Code	Transaction ID: SA11AI.11056
	McAllen	TX 78	504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation private investor		- contribution
	Receipt For:	Aggregate Year-to	o-Date 🔻	1
	Primary General Other (specify)		500.00	
	•		0 0 0 0 0	
_				

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 52 / 169 (check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
⊻ ۹.	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10720
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For:	1 1	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2500.00]
-	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa			M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10887
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
-	Full Name (Last, First, Middle Initial) Elvin Garcia			Date of Receipt
	Mailing Address 2800 Santa Teresa			1 2 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11057
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation physiciar		contribution
	Receipt For: Primary General	Aggregate	Year-to-Date	
	Other (specify)	0 0	3000.00	
Γ				750.00

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 53 / 169 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	ny information copied from such Reports and S for commercial purposes, other than using the	statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
ر ۹.	Full Name (Last, First, Middle Initial) Hiram Garcia			Date of Receipt
	Mailing Address 2712 E Mile 5 Road			10 ^{M M} / D D / Y Y Y Y 12009
	City	State	Zip Code	Transaction ID: SA11AI.10721
	Mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2500.00]
 3.	Full Name (Last, First, Middle Initial) Hiram Garcia			Date of Receipt
	Mailing Address 2712 E Mile 5 Road			M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10888
	Mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
	Full Name (Last, First, Middle Initial) Hiram Garcia	1		Date of Receipt
-	Mailing Address 2712 E Mile 5 Road			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11058
	Mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	3000.00]
5	UBTOTAL of Receipts This Page (optional)	I		750.00
	OTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 169 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Ms Anna Garza		Date of Receipt
	Mailing Address 3212 S Boyce Circle		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10723
	Donna	TX 78557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Other (specify) ▼	225.00	
В.	Full Name (Last, First, Middle Initial) Ms Anna Garza		Date of Receipt
	Mailing Address 3212 S Boyce Circle		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10890
	Donna	TX 78557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Ms Anna Garza		Date of Receipt
	Mailing Address 3212 S Boyce Circle		12 16 Y Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11060
	Donna	TX 78557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	275.00	
	SUBTOTAL of Receipts This Page (optional)	·····	75.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 55 / 169 (check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Z	Full Name (Last, First, Middle Initial) Rene Garza			Date of Receipt
	Mailing Address 5404 N. 1st street			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10724
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		2500.00]
	Full Name (Last, First, Middle Initial) Rene Garza			Date of Receipt
	Mailing Address 5404 N. 1st street			M M / D D / Y Y Y Y 1 1 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10891
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
	Full Name (Last, First, Middle Initial) Rene Garza			Date of Receipt
	Mailing Address 5404 N. 1st street			12 16 Y Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11061
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 3000.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Lawrence Gelman			Date of Receipt
	Mailing Address 3900 Sundown Drive			10 ^{//} 16 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.10725
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		- contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2500.00]
- В.	Full Name (Last, First, Middle Initial) Lawrence Gelman			Date of Receipt
	Mailing Address 3900 Sundown Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10892
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00	
– C.	Full Name (Last, First, Middle Initial) Lawrence Gelman			Date of Receipt
	Mailing Address 3900 Sundown Drive			M M / D D / Y Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11062
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	3000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
F	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page ts and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 57 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 11	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	sing the name and address of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer E	Breeze	Date of Receipt	
City	State Zip Code	Transaction ID: SA11AI.10726	
mission	TX 78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	180.48	
Name of Employer selfemployed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2187.22		
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer E		Date of Receipt	
City	State Zip Code	Transaction ID: SA11AI.10893	
mission	TX 78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	212.33	
Name of Employer selfemployed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 2399.55		
Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt	
Mailing Address 2208 Summer E	Breeze	M M / D D / Y Y Y Y 12 16 2009	
City	State Zip Code	Transaction ID: SA11AI.11063	
mission	TX 78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2558.80		
SUBTOTAL of Receipts This Page (opi	ional)	552.06	
TOTAL This Period (last page this line	number only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 169 (check only one) I1a 11b 11c 12
	Any information copied from such Reports and S	Statements may not be sold or used by any persi e name and address of any political committee to	13 14 15 16 1 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	
. Z	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		10 ^{//} 16 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.10727
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General Other (specify) ▼	1000.00]
_	Full Name (Last, First, Middle Initial) Alvaro Giraldo	J	Date of Receipt
	Mailing Address 106 W. Flamingo		1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10894
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1100.00]
_	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11064
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1200.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1	300.00

				FOR LINE NUMBER: PAGE 59 / 169
	SCHEDULE A (FEC Form 3X)		eparate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		h category of the d Summary Page	X 11a 11b 11c 12
		Detaile	a Summary r age	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be so name and address of an	ld or used by any persony political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Marco Gomez			Date of Receipt
	Mailing Address 2705 Biltmore			M M / D D / Y Y Y Y Y 111 17 2009
	City	State Zip C	ode	Transaction ID: SA11AI.10895
	Edinburg	TX 7853	9	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupation		- contribution
	selfemployed	private investor		
	Receipt For:	Aggregate Year-to-D	ate 🔻	
	Primary General		225.00	1
_	Other (specify)	0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Marco Gomez			Date of Receipt
	Mailing Address 2705 Biltmore			M M / D D / Y Y Y Y Y 12 16 2009
	City	State Zip C	ode	Transaction ID: SA11AI.11065
	Edinburg	TX 7853	9	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private investor		- contribution
	Receipt For:	Aggregate Year-to-D	ate 🔻	
	Primary General Other (specify) ▼		250.00]
с.	Full Name (Last, First, Middle Initial) Mr. Michael Gonzales			Date of Receipt
0.	Mailing Address 204 Valenca			10 16 2009
	City	State Zip C	ode	Transaction ID: SA11AI.10733
	Weslaco	TX 7859		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private investor		- contribution
	Receipt For:	Aggregate Year-to-D	ate 🔻	7
	Primary General Other (specify)		225.00]
[75.00
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	
	TOTAL This Period (last page this line number	only)		_
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 169 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca		Date of Receipt
			11 17 2009
	City Weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.10900
	FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- B.	Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca		Date of Receipt
	City	Ctota Zin Coda	
	City Weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.11070 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
- С.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt
	City	State Zip Code	10 16 2009 Transaction ID: SA11AI.10731
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
ſ	SUBTOTAL of Receipts This Page (optional).		300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 61 / 169 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive			Date of Receipt
	<u></u>	<u></u>	7.0.1	11 17 2009
	City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.10898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer selfemployed	Occupatio physicia		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
в.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive	I		Date of Receipt
				12 16 2009
	City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.11068
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupatio physicia		- contribution
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregat	e Year-to-Date 🔻 3000.00]
C.	Full Name (Last, First, Middle Initial) Jaime Gonzalez			Date of Receipt
	Mailing Address 3511 Plazas del Lago			10 ^{//} 16 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.10732
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation private in	nvestor	
	Receipt For: Primary General Other (specify) ♥	Aggregat	e Year-to-Date 2500.00]
	SUBTOTAL of Receipts This Page (optional)		······	750.00
	TOTAL This Period (last page this line number	only)		

MIZED RECEIPTS formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC I Name (Last, First, Middle Initial) me Gonzalez iling Address 3511 Plazas del Lago / inburg C ID number of contributing eral political committee. me of Employer remptoyed ceipt For: Primary General Other (specify) I Name (Last, First, Middle Initial)	Det tatements may not be name and address of State Z	ip Code 8539	X 11a 11b 11c 12 13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee. 16 1 Date of Receipt 17 2009 Transaction ID: SA11AI.10899 Amount of Each Receipt this Period 250.00 contribution
commercial purposes, other than using the ME OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC I Name (Last, First, Middle Initial) me Gonzalez illing Address 3511 Plazas del Lago / inburg C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial)	State Z TX 7 Occupation private investo	f any political committee to s	Date of Receipt M M / D 0 / Y
DRDER HEALTH FEDERAL PAC	TX 7 C Occupation private investo	8539 r o-Date ▼	M M / D D / Y
me Gonzalez iling Address 3511 Plazas del Lago / inburg C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial)	TX 7 C Occupation private investo	8539 r o-Date ▼	M M / D D / Y
y inburg C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial)	TX 7 C Occupation private investo	8539 r o-Date ▼	1 1 7 2 0 9 Transaction ID: SA11AI.10899 Amount of Each Receipt this Period 250.00
inburg C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial)	TX 7 C Occupation private investo	8539 r o-Date ▼	Amount of Each Receipt this Period 250.00
C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼	C Occupation private investo	r o-Date V	250.00
eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ♥ I Name (Last, First, Middle Initial)	Occupation private investo	o-Date 🔻	
femployed ´ ceipt For: Primary General Other (specify) ♥	private investo	o-Date 🔻	
Primary General Other (specify) v	1 ^{1 ·}	o-Date 🔻	
Primary General Other (specify) v			
I Name (Last, First, Middle Initial)	0 0 0 0	2750.00	
			Date of Receipt
iling Address 3511 Plazas del Lago			1 2 1 6 2 0 0 9
/	State Z	p Code	Transaction ID: SA11AI.11069
inburg	<u>TX 7</u>	8539	Amount of Each Receipt this Period
C ID number of contributing eral political committee.	C		250.00
me of Employer femployed	Occupation private investo	r	- contribution
ceipt For:	Aggregate Year-	o-Date 🔻	-
Primary General Other (specify)		3000.00	
I Name (Last, First, Middle Initial)			Date of Receipt
iling Address 1501 Meadwood			10 16 2009
/		p Code	Transaction ID: SA11AI.10729
slaco	<u>TX 7</u>	8596	Amount of Each Receipt this Period
C ID number of contributing eral political committee.	C		250.00
me of Employer f-employed	Occupation physician		- contribution
Primary General	Aggregate Year-		
Other (specify)	0 0 0 0		
OTAL of Receipts This Page (optional)		•••••	750.00
	C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) an Gonzalez-Dickson illing Address 1501 Meadwood / selaco C ID number of contributing eral political committee. me of Employer f-employed ceipt For: Primary General Other (specify) ▼	C ID number of contributing eral political committee. me of Employer femployed femployed ceipt For: Primary General Other (specify) I Name (Last, First, Middle Initial) an Gonzalez-Dickson iling Address 1501 Meadwood y State Zi TX C Display="block">C	C ID number of contributing eral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ♥ I Name (Last, First, Middle Initial) un Gonzalez-Dickson illing Address 1501 Meadwood Y State Zip Code TX 78596 C Dumber of contributing eral political committee. me of Employer remployed C Occupation primary General Other (specify) ♥ I Name (Last, First, Middle Initial) an Gonzalez-Dickson II Name (Last, First, Middle Initial) an Gonzalez-Dickson I D number of contributing eral political committee. me of Employer f-employed Deipt For: Primary General Occupation physician Aggregate Year-to-Date Primary General

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 169 (check only one)					
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	\mathbf{N}						
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson							
Mailing Address 1501 Meadwood	M M / D D / Y Y Y Y 111 17 2009						
City	State Zip Code	Transaction ID: SA11AI.10896					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer self-employed	Occupation physician	- contribution					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify) ▼	2750.00						
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson	1	Date of Receipt					
Mailing Address 1501 Meadwood		M M / D D / Y Y Y Y 12 16 2009					
City	State Zip Code	Transaction ID: SA11AI.11066					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer self-employed	Occupation physician	- contribution					
Receipt For:	Aggregate Year-to-Date V						
Primary General Other (specify) ▼	3000.00						
Full Name (Last, First, Middle Initial) Verley Gordon	1	Date of Receipt					
Mailing Address 1700 E. Mile 3 Road		M M / D D / Y Y Y Y 10 16 2009					
City	State Zip Code	Transaction ID: SA11AI.10734					
mission	TX 78574	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer selfemployed	Occupation physician	- contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	2500.00						
SUBTOTAL of Receipts This Page (optional).		750.00					
TOTAL This Period (last page this line number							

ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 169
			for each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt
	Mailing Address 1700 E. Mile 3 Road			M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10901
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General	33 13	2750.00	1
	Other (specify)	0 0		1
- В.	Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt
	Mailing Address 1700 E. Mile 3 Road			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11071
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		- contribution
	Receipt For:	1 1 2 2	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		3000.00	1
_		0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
	Mailing Address 905 Inspiratin Drive			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10735
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicia		
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2500.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		750.00
ľ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 169 (check only one)
[Any information copied from such Reports and S	Statements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Enrique Griego	Date of Receipt	
	Mailing Address 905 Inspiratin Drive	1 1 / D D / Y Y Y Y 1 1 1 1 7 2009	
	City	State Zip Code	Transaction ID: SA11AI.10902
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	2750.00]
B.	Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
	Mailing Address 905 Inspiratin Drive		M M / D D / Y Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11072
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	3000.00]
С.	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
	Mailing Address 3105 Forest Court		10 ^M 16 ^Y Y Y Y 10 ^D 16 ^Y 2009
	City	State Zip Code	Transaction ID: SA11AI.10736
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)	·	600.00
	TOTAL This Period (last page this line number	only)	,

	SCHEDIII E A (EEC Form 2V)		FOR LINE NUMBER: PAGE 66 / 169
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
ſ		, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
	Mailing Address 3105 Forest Court		1 1 / D D / Y Y Y Y 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10904
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General		
	Other (specify)	1100.00	
В.	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
	Mailing Address 3105 Forest Court		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11073
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		
	Other (specify)	1200.00	
с.	Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt
	Mailing Address 13337 Borolo Drive		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10737
	edinburg	TX 78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	450.00
	TOTAL This Period (last page this line number		

arcy Guerra ailing Address 13337 Borolo Drive	for each c Detailed S Statements may not be sold o	rate schedule(s) ategory of the summary Page or used by any person political committee to s	(check only one) X 11a 11b 11c 12 13 14 15 16 11 for the purpose of soliciting contributions solicit contributions from such committee.			
nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC III Name (Last, First, Middle Initial) arcy Guerra ailing Address 13337 Borolo Drive	Detailed S	Summary Page	13 14 15 16 11			
commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC III Name (Last, First, Middle Initial) arcy Guerra ailing Address 13337 Borolo Drive	Statements may not be sold of any p	or used by any person political committee to s	for the purpose of soliciting contributions			
commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC III Name (Last, First, Middle Initial) arcy Guerra ailing Address 13337 Borolo Drive	Statements may not be sold of a name and address of any p	or used by any person olitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.			
ORDER HEALTH FEDERAL PAC III Name (Last, First, Middle Initial) arcy Guerra ailing Address 13337 Borolo Drive						
II Name (Last, First, Middle Initial) arcy Guerra ailing Address 13337 Borolo Drive						
arcy Guerra ailing Address 13337 Borolo Drive						
		Full Name (Last, First, Middle Initial) Marcy Guerra				
h.						
ty	State Zip Code	e	Transaction ID: SA11AI.10905			
linburg	TX 78541		Amount of Each Receipt this Period			
C ID number of contributing deral political committee.	C		250.00			
ame of Employer	Occupation		contribution			
lfemployed	physician					
eceipt For:	1 1	• 🔻	1			
Primary General		2750.00				
Other (specify)		2750.00				
II Name (Last, First, Middle Initial)			Date of Receipt			
ailing Address 13337 Borolo Drive						
ty	State Zip Code	9	Transaction ID: SA11AI.11074			
linburg	TX 78541		Amount of Each Receipt this Period			
C ID number of contributing deral political committee.	C		250.00			
ame of Employer Ifemployed	Occupation physician		contribution			
eceipt For:	1 1 2	. 🗸	1			
Primary General Other (specify) ▼		3000.00				
II Name (Last, First, Middle Initial)			Date of Receipt			
ailing Address 1402 E. 8th Street			M M / D D / Y Y Y Y			
hy	Stata Zin Code					
		Ð	Transaction ID: SA11AI.10738 Amount of Each Receipt this Period			
	1X 78590	U U U	Amount of Each Receipt this Period			
deral political committee.			250.00			
ame of Employer Ifemployed	Occupation physician		contribution			
eceipt For:		. 🗸	1			
Primary General Other (specify) ▼		2473.25				
TOTAL of Receipts This Page (optional)		••••••	750.00			
	teral political committee. me of Employer fremployed ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) arcy Guerra alling Address 13337 Borolo Drive y linburg CC ID number of contributing leral political committee. me of Employer Ifemployed ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) dolfo Guerrero alling Address 1402 E. 8th Street y eslaco CC ID number of contributing deral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) dolfo Guerrero alling Address 1402 E. 8th Street y eslaco CC ID number of contributing deral political committee. me of Employer femployed ceipt For: Primary General Other (specify) ▼	teral political committee. me of Employer itemployed C Primary General Other (specify) It Name (Last, First, Middle Initial) rcy Guerra illing Address 13337 Borolo Drive y State Zip Code In number of contributing It Name (Last, First, Middle Initial) rcy Guerra Occupation physician C In number of contributing Iteral political committee. C Primary General Other (specify) In Name (Last, First, Middle Initial) dothor (specify) v state Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date Primary General Other (specify) v State Zip Code TX 78596 C ID number of contributing isling Address 1402 E. 8th Street y state State Zip Code TX 78596 C ID number of contributing ieral political committee. me of Employer femployed physician ceipt For: Primary General Other (specify) <td>teral political committee.</td>	teral political committee.			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 68 / 169 (check only one) 11a X 11a 11b 13 14 15 16 16 17 17 16 17 18 14 15 16 17 16 17
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street			Date of Receipt
			11 17 2009	
	City	State	Zip Code	Transaction ID: SA11AI.10906
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
		physician		_
	Receipt For: Primary General	Aggregate	Year-to-Date	-
	Other (specify) ▼	0 0	2723.25	
В.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero			Date of Receipt
	Mailing Address 1402 E. 8th Street			M M / D D / Y Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11077
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		191.36
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	0.0	2914.61]
с.	Full Name (Last, First, Middle Initial) Alberto Gutierrez			Date of Receipt
	Mailing Address 6020 Wisconsin			M M / D D / Y Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10739
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician	I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 2500.00]
	SUBTOTAL of Receipts This Page (optional)	1		691.36
	TOTAL This Period (last page this line number	r only)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
А.	Full Name (Last, First, Middle Initial) Alberto Gutierrez	Date of Receipt	
	Mailing Address 6020 Wisconsin		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10907
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	2750.00	
В.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
	Mailing Address 6020 Wisconsin		M M / D D / Y Y Y Y 12 / 16 / 2009
	City	State Zip Code	Transaction ID: SA11AI.11078
	edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	3000.00	
C.	Full Name (Last, First, Middle Initial) Marco Gutierrez		Date of Receipt
	Mailing Address 511 N. Depot Road		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10740
	edinburg	TX 78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2500.00	
	SUBTOTAL of Receipts This Page (optional)	·····	750.00
	TOTAL This Period (last page this line number	only)	

ę	SCHEDULE A (FEC Form 3X)	[Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 169 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ A.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
	Mailing Address 511 N. Depot Road	1 1 / D D / Y Y Y Y 1 1 1 / 1 7 2 0 0 9		
	City	State	Zip Code	Transaction ID: SA11AI.10908
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	-		
	Primary General Other (specify) ▼		2750.00]
- 3.	Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
	Mailing Address 511 N. Depot Road			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11079
	edinburg	TX	78541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	3000.00]
-).	Full Name (Last, First, Middle Initial) Miguel Gutierrez			Date of Receipt
	Mailing Address 224 Lindberg			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10741
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 2500.00]
Γ	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 71 / 169 (check only one)
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
/ c	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not ne name and addre	ot be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
. Z	Full Name (Last, First, Middle Initial) Miguel Gutierrez	Date of Receipt		
	Mailing Address 224 Lindberg	M M / D D / Y Y Y Y 111 17 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10909
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:		ear-to-Date V	-
	Primary General Other (specify) ▼		2750.00]
	Full Name (Last, First, Middle Initial) Miguel Gutierrez	_1		Date of Receipt
	Mailing Address 224 Lindberg			M M / D D / Y Y Y Y 12 16 2009
	City	Transaction ID: SA11AI.11080		
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify) ▼		3000.00	
	Full Name (Last, First, Middle Initial) Anna Lisa Guzman			Date of Receipt
	Mailing Address P.O. Box 720235			10 ⁻¹
	City	State	Zip Code	Transaction ID: SA11AI.10742
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupation physician a	assistant	contribution
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Other (specify)		500.00	
Γ				550.00

Ş	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 169 (check only one)	
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 11 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 16 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 11 \\ 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ 11 \\ \hline 11 \\ \hline 11 \\ 11 \\ \hline 11 \\$	
1	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ 4.	Full Name (Last, First, Middle Initial) Anna Lisa Guzman		Date of Receipt	
	Mailing Address P.O. Box 720235		M M / D D / Y Y Y Y 1 1 7 2009	
	City	State Zip Code	Transaction ID: SA11AI.10910	
	McAllen	TX 78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer selfemployed	Occupation physician assistant		
	Receipt For:			
	Primary General	Aggregate Year-to-Date		
	Other (specify)	550.00		
. –	Full Name (Last, First, Middle Initial) Anna Lisa Guzman		Date of Receipt	
	Mailing Address P.O. Box 720235		12 16 YYYYY 12 16 2009	
	City	State Zip Code	Transaction ID: SA11AI.11081	
	McAllen	TX 78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer selfemployed	Occupation physician assistant	contribution	
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼	600.00		
_	Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt	
	Mailing Address 4008 Burns Drive Sou	th	M M / D D / Y Y Y Y 10 16 2009	
	City	State Zip Code	Transaction ID: SA11AI.10743	
	mcallen	TX 78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer selfemployed	Occupation physician	contribution	
	Receipt For:	Aggregate Year-to-Date 🔻		
	Other (specify)	2500.00		
Γ		I	350.00	
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 169 (check only one)
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	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Victor Haddad			Date of Receipt
	Mailing Address 4008 Burns Drive Sou	uth		1 1 1 1 7 Y Y Y Y 1 1 1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10911
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		- contribution
	Receipt For:	physician Aggregate Ye	ar-to-Date	_
	Primary General Other (specify) ▼		2750.00]
B.	Full Name (Last, First, Middle Initial) Victor Haddad			Date of Receipt
	Mailing Address 4008 Burns Drive Sou	ıth		M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11082
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	
	Primary General Other (specify) ▼		3000.00]
С.	Full Name (Last, First, Middle Initial) Thomas Hausle			Date of Receipt
	Mailing Address 701 South J			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10744
	McAllen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	
	Other (specify) ▼		750.00	
	SUBTOTAL of Receipts This Page (optional)			575.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
<i>م</i> .	Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
	Mailing Address 701 South J		M M / D D / Y Y Y Y 1 1 / 1 7 / 2009
	City	State Zip Code	Transaction ID: SA11AI.10912
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	825.00	
	Full Name (Last, First, Middle Initial) Thomas Hausle	1	Date of Receipt
	Mailing Address 701 South J		12 / D D / Y Y Y Y 12 / 16 / 2009
	City	State Zip Code	Transaction ID: SA11AI.11083
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 900.00	
-	Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
•	Mailing Address 820 Tamarack		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10745
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	136.08
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1535.43]
Γ		·····	286.08

S	CHEDULE A (FEC Form 3X)	[FOR LINE NUMBER: PAGE 75 / 169
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
. ~	Full Name (Last, First, Middle Initial) Robert Helbing			Date of Receipt
	Mailing Address 820 Tamarack			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10926
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.09
	Name of Employer self-employed	Occupation		- contribution
	Receipt For:	private in	Year-to-Date V	-1
	Primary General	Aggregate		
	Other (specify)		1695.52	
	Full Name (Last, First, Middle Initial) Robert Helbing			Date of Receipt
	Mailing Address 820 Tamarack			1 2 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11084
	mcallen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.07
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1815.59]
	Full Name (Last, First, Middle Initial) Ms Monica Hensler	1		Date of Receipt
	Mailing Address 3414 Princess Street			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10747
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:		Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
Г		1		305.16

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 169 (check only one) X X 11a 11b 11c 13 14
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Ms Monica Hensler		Date of Receipt
	Mailing Address 3414 Princess Street		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.10915
	Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
– B.	Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street	1	Date of Receipt
	City	State Zip Code	12 16 2009 Transaction ID: SA11AI.11086
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer selfemployed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 400.00	
_ C.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		10 ^M 16 ^Y Y Y Y 10 ^D 16 ^Y 2009
	City	State Zip Code	Transaction ID: SA11AI.10748
	Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 77 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana			Date of Receipt
	City	State	Zip Code	1 1 1 7 2 0 0 9 Transaction ID: SA11AI.10916
	Pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00]
- B.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana			Date of Receipt
				12 16 2009
	City Pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.11087
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 3000.00]
- C.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez			Date of Receipt
	Mailing Address 301 Byron Nelson Driv #40 Villas Jardin		7.0.1	10 ^{//} 16 ^{//} 2009
	City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.10749 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 2500.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE 78 / 169(check only one) X 11a11b11c121314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Driv	e		Date of Receipt
	#40 Villas Jardin	Ctoto	Zin Codo	11 17 2009
	City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.10917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
в.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez			Date of Receipt
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin			1 2 / 1 6 / Y Y Y Y 1 2 0 0 9
	City <u>mcallen</u>	State TX	Zip Code 78503	Transaction ID: SA11AI.11088 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 3000.00]
с.	Full Name (Last, First, Middle Initial) Maria Hoffman			Date of Receipt
	Mailing Address 802 Inspiration Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10750
	pharr FEC ID number of contributing federal political committee.	TX C	78577	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date V 2500.00]
	SUBTOTAL of Receipts This Page (optional)		······	750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 169 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	,	
A.	Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
	Mailing Address 802 Inspiration Road		1 1 1 7 Y Y Y Y 1 1 1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10903
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	2750.00	
B.	Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
	Mailing Address 802 Inspiration Road		12 16 Y Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11075
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00]
С.	Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
	Mailing Address 204 Rio Grande		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10751
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	2500.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	750.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
	Mailing Address 204 Rio Grande		1 1 1 1 7 Y Y Y Y 1 1 1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10918
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation	Contribution
	Receipt For:	physician Aggregate Year-to-Date	-
	Primary General		
	Other (specify)	2750.00	
в.	Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
	Mailing Address 204 Rio Grande		M M / D D / Y Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11089
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00	
- C.	Full Name (Last, First, Middle Initial) Ms Marina Jacobson		Date of Receipt
	Mailing Address 1505 Doherty		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10919
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
ſ		·····	525.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 169 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty		Date of Receipt 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11090
	Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
	Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street	•	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.10753
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Donna Joule		Date of Receipt
	Mailing Address 708 S H Street		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10920
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Γ	SUBTOTAL of Receipts This Page (optional).		75.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 82 / 169
	• • •	000	separate schedule(s) each category of the	(check only one)
	TEMIZED RECEIPTS		ailed Summary Page	X 11a 11b 11c 12
Γ.			and an end of the	
A o	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be the name and address of	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Donna Joule			Date of Receipt
	Mailing Address 708 S H Street			M M / D D / Y Y Y Y 12 16 2009
	City	State Zip	o Code	Transaction ID: SA11AI.11091
	mcallen	TX 78	3501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation		- contribution
	Receipt For:	physician Aggregate Year-to		-
	Primary General			
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt
	Mailing Address 2548 Palm Circle			M M / D D / Y Y Y Y 10 16 2009
	City	State Zip	o Code	Transaction ID: SA11AI.10754
	rio grande city	<u>TX 78</u>	3582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-to	o-Date 🔻	
	Primary General Other (specify) ▼		2500.00	
-	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt
	Mailing Address 2548 Palm Circle			M M / D D / Y Y Y Y 1 1 1 17 2009
	City	State Zip	o Code	Transaction ID: SA11AI.10921
	rio grande city	TX 78	3582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-to	o-Date 🔻	1
	Primary General Other (specify) ▼		2750.00	
Г				525.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 83 / 169 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	
A O	ny information copied from such Reports and S r for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ A.	Full Name (Last, First, Middle Initial) Gauri Kanhere			Date of Receipt
	Mailing Address 2548 Palm Circle			12 ^{//} 16 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.11092
	rio grande city	TX	78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		- contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Other (specify)	0 0	3000.00]
— В.	Full Name (Last, First, Middle Initial) Gholam Kiani			Date of Receipt
	Mailing Address 213 e. Xenops			M M / D D / Y Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10756
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	2500.00]
— C.	Full Name (Last, First, Middle Initial) Gholam Kiani	1		Date of Receipt
	Mailing Address 213 e. Xenops			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10923
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		2750.00]
	SUBTOTAL of Receipts This Page (optional)	1	·····	750.00
	TOTAL This Period (last page this line number			-

Q	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 169		
	· · · ·		Use separate schedule(s) for each category of the	(check only one)		
1	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
		Ototo				
	ny information copied from such Reports and s r for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full)					
	BORDER HEALTH FEDERAL PAC					
А.	Full Name (Last, First, Middle Initial) Gholam Kiani			Date of Receipt		
	Mailing Address 213 e. Xenops			12 16 Y Y Y Y Y 12 16 2009		
	City	State	Zip Code	Transaction ID: SA11AI.11094		
	mcallen	ΤX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupatio	n	contribution		
	selfemployed	physiciar	_	_		
		Aggregate	e Year-to-Date 🔻	_		
	Primary General Other (specify)		3000.00			
		0 0	0 0 0 0 0 0 0			
в.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz			Date of Receipt		
	Mailing Address 5111 N. 10th Street			M M / D D / Y Y Y Y 10 16 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10757		
	mcallen	ТΧ	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupatio physiciar		contribution		
	Receipt For:	1 1 2	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		2500.00]		
	Full Name (Last, First, Middle Initial)			Date of Receipt		
C .	Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street			M M / D D / Y Y Y Y		
	City	State	Zip Code	1 1 1 7 2 0 0 9 Transaction ID: SA11AI.10924		
	mcallen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer selfemployed	Occupatio physiciar		contribution		
	Receipt For:		Year-to-Date V	-		
	Primary General	33 - 3		1		
	Other (specify)	0 0	2750.00			

	SCHEDULE A (FEC Form 3X)	Use separate schedule	
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
⊻ A.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz		Date of Receipt
	Mailing Address 5111 N. 10th Street		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11095
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.0	0
– 3.	Full Name (Last, First, Middle Initial) Alejandro Kudisch	1	Date of Receipt
	Mailing Address 323 Nightingale		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10758
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) Image: Constraint of the second	2500.0	0
- C.	Full Name (Last, First, Middle Initial) Alejandro Kudisch	1	Date of Receipt
	Mailing Address 323 Nightingale		M M / D D / Y Y Y Y 1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10928
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.0	0
Γ		I	750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 169 (check only one)
Г	FEMIZED RECEIPTS		for each category of the	
•			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16
	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may n e name and addre	ot be sold or used by any persons ss of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\mathbf{k}	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
\backslash				
-	Full Name (Last, First, Middle Initial) Alejandro Kudisch			Date of Receipt
	Mailing Address 323 Nightingale			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.11096
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		- contribution
	selfemployed	physcian		_
	Receipt For:	Aggregate Y	ear-to-Date 🔻	_]
	Primary General		3000.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
	Mailing Address Rt 2 Box 522-K			
				10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10759
	weslaco	ТХ	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		- contribution
		physician		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify)		2500.00]
	Full Name (Last, First, Middle Initial)			
	Jorge Kutugata			Date of Receipt
	Mailing Address Rt 2 Box 522-K			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10929
	weslaco	ТХ	78596	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation		- contribution
	selfemployed	physician		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General		<u> </u>	
	Other (specify)		2750.00	1
-		1		750.00
				(50.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 169
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any p dress of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
	Mailing Address Rt 2 Box 522-K			1 2 / D D / Y Y Y Y 1 6 / 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11097
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1	e Year-to-Date ▼	
	Primary General	, iggi ogaio		
	Other (specify) ▼	0 0	3000.00	
в.	Full Name (Last, First, Middle Initial) Ramiro Leal	•		Date of Receipt
	Mailing Address 601 Tulip			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10760
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1 2	e Year-to-Date 🔻	
	Primary General	33 - 3		
	Other (specify) ▼		2500.00	
с.	Full Name (Last, First, Middle Initial) Ramiro Leal	•		Date of Receipt
	Mailing Address 601 Tulip			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10930
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	2750.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number			

Ş	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 169
1			for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
لا A.	Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt
	Mailing Address 601 Tulip			M M / D D / Y Y Y Y 12 / 16 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.11098
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial		contribution
	Receipt For:	1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		3000.00]
– B.	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt
	Mailing Address 901 West 9th Street #405			M M / D D / Y Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10761
	austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio private ir		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2500.00]
– c.	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt
	Mailing Address 901 West 9th Street #405			M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10931
	austin	ТХ	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio private ir		contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2750.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 89 / 169 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Z	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		M + M / D - D / Y Y + Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11099
		TX 78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	3000.00	1
	Full Name (Last, First, Middle Initial) Mr. Rolando Longoria		Date of Receipt
	Mailing Address 32243 Road 83		
	City	State Zip Code	Transaction ID: SA11AI.10762
	San Benito	TX 78586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00]
_	Full Name (Last, First, Middle Initial) Mr. Rolando Longoria		Date of Receipt
	Mailing Address 32243 Road 83		M M / D D / Y Y Y Y 1 1 1 1 7 2009
	City	State Zip Code	Transaction ID: SA11AI.10932
	San Benito	TX 78586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
Γ			350.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 169 (check only one)
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83		Date of Receipt
			12 16 2009
	City Son Bonita	State Zip Code TX 78586	Transaction ID: SA11AI.11100
	San Benito FEC ID number of contributing federal political committee.	TX 78586	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00]
- B.	Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt
	City	State Zip Code	10162009 Transaction ID: SA11AI.10763
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 2500.00	
- C.	Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.10933 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00]
ſ	SUBTOTAL of Receipts This Page (optional) .		550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 91 / 169 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1'
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
⊻ ۹.	Full Name (Last, First, Middle Initial) Alfredo Lopez			Date of Receipt
	Mailing Address 7609 N. 24th Circle			12 D D / Y Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11101
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General Other (specify) ▼		3000.00]
_	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt
	Mailing Address 1311 6th E. Street			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10764
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General Other (specify) Image: Constraint of the second		2188.88]
_	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt
-	Mailing Address 1311 6th E. Street			M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10934
		TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date V 2438.88]
Γ		1		750.00

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 169 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
⊻ ۹.	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt
	Mailing Address 1311 6th E. Street			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11102
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		
	Receipt For:	1 1 2	Year-to-Date V	-
	Primary General	riggiogaio		7
	Other (specify)	0 0	2688.88	
-	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano			Date of Receipt
-	Mailing Address 2309 Spicewood Drive	9		M M / D D / Y Y Y Y 11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10935
	Weslaco	ТХ	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	1 1	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	225.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano			Date of Receipt
•	Mailing Address 2309 Spicewood Drive	e		M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11103
	Weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)	0 0	250.00	
Γ		1		300.00

n copied from such Reports and i cial purposes, other than using th COMMITTEE (In Full) HEALTH FEDERAL PAC Last, First, Middle Initial) Iress 3801 Sundown Court Inber of contributing ical committee.	State Zip Code TX 78503 C Occupation physician —	13 14 15 16 17 on for the purpose of soliciting contributions is solicit contributions from such committee. 16 17 Date of Receipt 10 16 2009 Transaction ID: SA11AI.10766 Amount of Each Receipt this Period 250.00 contribution 250.00 250.00
COMMITTEE (In Full) HEALTH FEDERAL PAC Last, First, Middle Initial) Iress 3801 Sundown Court Inber of contributing ical committee.	East State Zip Code TX 78503 C Occupation physician	Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2009 Transaction ID: SA11AI.10766 Amount of Each Receipt this Period 250.00
Iress 3801 Sundown Court nber of contributing ical committee. nployer ed :. try General	State Zip Code TX 78503 C Occupation physician —	M M / D D / Y
nber of contributing ical committee. nployer ed ::	State Zip Code TX 78503 C Occupation physician —	10 16 2009 Transaction ID: SA11AI.10766 Amount of Each Receipt this Period 250.00
ical committee.	TX 78503 C Occupation physician	Amount of Each Receipt this Period 250.00
ical committee.	C Occupation physician	250.00
ed ' :: ry General	physician	- contribution
ary General		
	Aggregate Year-to-Date 2500.00]
Last, First, Middle Initial)		Date of Receipt
lress 3801 Sundown Court	M M / D D / Y Y Y Y 111 17 2009	
	State Zip Code	Transaction ID: SA11AI.10936
	TX 78503	Amount of Each Receipt this Period
nber of contributing ical committee.	C	250.00
nployer ed	Occupation physician	oonanouton
: rry General (specify) ▼	Aggregate Year-to-Date 2750.00]
Last, First, Middle Initial)		Date of Receipt
Iress 3801 Sundown Court	East	1 2 1 6 Y Y Y Y Y 1 2 1 6 2 0 0 9
	State Zip Code	Transaction ID: SA11AI.11104
nber of contributing ical committee.	C	Amount of Each Receipt this Period 250.00
nployer ed	Occupation physician	- contribution
r: ury General (specify) ▼	Aggregate Year-to-Date V 3000.00]
	·	750.00
	cal committee. pployer d ry General (specify) ♥ Last, First, Middle Initial) ress 3801 Sundown Court nber of contributing cal committee. pployer d ry General (specify) ♥	cal committee. poloyer d Physician Aggregate Year-to-Date ▼ (specify) ▼ Last, First, Middle Initial) ress 3801 Sundown Court East State Zip Code TX 78503 nber of contributing cal committee. poloyer d C C Aggregate Year-to-Date ▼ Physician Aggregate Year-to-Date ▼ Physician

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 169
	TEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
	Mailing Address 116 Cardinal		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10767
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	2500.00	
- В.	Full Name (Last, First, Middle Initial) Carlos Manrique	•	Date of Receipt
	Mailing Address 116 Cardinal		1 1 1 1 7 Y Y Y Y 1 1 1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10937
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	2750.00	
- C.	Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
	Mailing Address 116 Cardinal		
	City	State Zip Code	Transaction ID: SA11AI.11105
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	3000.00	
Г			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 169 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Guillermo Marquez		Date of Receipt
	Mailing Address 1702 Trinity Road		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10768
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	2500.00	
В.	Full Name (Last, First, Middle Initial) Guillermo Marquez		Date of Receipt
	Mailing Address 1702 Trinity Road		M M / D D / Y Y Y Y 111 177 2009
	City	State Zip Code	Transaction ID: SA11AI.10938
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) Image: Contract of the second	2750.00	
C.	Full Name (Last, First, Middle Initial) Guillermo Marquez		Date of Receipt
	Mailing Address 1702 Trinity Road		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11106
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	3000.00	
	SUBTOTAL of Receipts This Page (optional)	·	750.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 96 / 169 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Ľ	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
	Mailing Address 7603 N. 2nd Lane		10 ^{//} 16 [/] Y Y Y Y 10 ⁰ 16 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.10769
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General	2500.00	1
	Other (specify)		
_	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
	Mailing Address 7603 N. 2nd Lane		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10939
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	2750.00]
_	Full Name (Last, First, Middle Initial) Agustin Martinez		Date of Receipt
	Mailing Address 7603 N. 2nd Lane		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11107
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 3000.00	1
_	Other (specify) 🔻		1
	SUBTOTAL of Receipts This Page (optional)		750.00

S	CHEDULE A (FEC Form 3X)	Use se	parate schedule(s)	FOR LINE NUMBER: PAGE 97 / 169
т	EMIZED RECEIPTS		h category of the	(check only one)
	EIVIZED RECEIPTS		d Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sol	Id or used by any persor	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		ly political committee to s	
	BORDER HEALTH FEDERAL PAC			
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
	Mailing Address 1903 W. Smith			M M / D D / Y Y Y Y 10 16 2009
	City	State Zip C	ode	Transaction ID: SA11AI.10770
	edinburg	TX 7853	9	Amount of Each Receipt this Period
	FEC ID number of contributing	•	1 I I	050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		contribution
	selfemployed	physician		
	Receipt For:	Aggregate Year-to-D	ate 🔻	
	Primary General		2500.00	
	Other (specify)		2300.00	
	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
	Mailing Address 1903 W. Smith			
				11 17 2009
	City	State Zip C	ode	Transaction ID: SA11AI.10940
	edinburg	TX 7853	9	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Year-to-D	ata 🔻	-
	Primary General	Aggregate Teal-to-D		
	Other (specify)	0 0 0 0	2750.00	
	Full Name (Last, First, Middle Initial) Ricardo Martinez			Date of Receipt
	Mailing Address 1903 W. Smith			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip C	ode	Transaction ID: SA11AI.11108
	edinburg	TX 7853		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		- contribution
		physician		_
	Receipt For:	Aggregate Year-to-D	ate V	
	Primary General		3000.00	
	Other (specify)			
		I		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 169 (check only one)
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
	Mailing Address 125 East Yucca		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10771
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	2500.00	
	Full Name (Last, First, Middle Initial) Santos Martinez	1	Date of Receipt
	Mailing Address 125 East Yucca		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.10941
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	contribution
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
;.	Full Name (Last, First, Middle Initial) Santos Martinez	1	Date of Receipt
	Mailing Address 125 East Yucca		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11109
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 169
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Pedro McDougal			Date of Receipt
	Mailing Address 1516 Iris			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10773
	mcallen	ТΧ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
				contribution
	Name of Employer selfemployed	Occupation physicial		
	Receipt For:	1	e Year-to-Date 🔻	
	Primary General	Aggregate	e rear-io-Dale 🔻	-
	Other (specify)		2500.00	
		0 0		-
-	Full Name (Last, First, Middle Initial)			
В.	Pedro McDougal			Date of Receipt
	Mailing Address 1516 Iris			1 1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10943
	mcallen	TX	78501	Amount of Each Receipt this Period
			70001	Amount of Each Receipt this Fehou
	FEC ID number of contributing federal political committee.	C		250.00
				contribution
	Name of Employer selfemployed	Occupatio		
	Poppint For:	physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		2750.00	
		0 0		
-	Full Name (Last, First, Middle Initial)			
C.	Pedro McDougal			Date of Receipt
	Mailing Address 1516 Iris			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11111
	mcallen	TX	78501	Amount of Each Receipt this Period
			70501	
	FEC ID number of contributing federal political committee.	С		250.00
				contribution
	Name of Employer selfemployed	Occupatio		Contribution
		physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		3000.00	
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	SUBTOTAL of Receipts This Page (optional)			750.00
ŀ			•	
	TOTAL This Period (last page this line number	r only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political com	mittee to solicit contributions from such committee.
لا A.	Full Name (Last, First, Middle Initial) Bertha Medina		Date of Receipt
	Mailing Address 1300 1 1/2 Street		10 ^{/ Y Y Y Y} 16 ^{/ 2009}
	City	State Zip Code	Transaction ID: SA11AI.10775
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	2500.	00
	Other (specify)		· · · · · · · · · · · · · · · · · · ·
В.	Full Name (Last, First, Middle Initial) Bertha Medina		Date of Receipt
υ.	Mailing Address 1300 1 1/2 Street		
	City	State Zip Code	Transaction ID: SA11AI.10945
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.	00
– C.	Full Name (Last, First, Middle Initial) Bertha Medina	L	Date of Receipt
	Mailing Address 1300 1 1/2 Street		12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11113
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.	.00
Γ	SUBTOTAL of Receipts This Page (optional)		750.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 101 / 169 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
	Mailing Address 3002 Santa Susana		10 ^{//} 16 [/] Y Y Y Y 10 ^{//} 16 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.10776
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2500.00]
в.	Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
	Mailing Address 3002 Santa Susana		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10946
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
с.	Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
	Mailing Address 3002 Santa Susana		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11114
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	3000.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.		Date of Receipt
	Mailing Address 2821 Michael Angelo		10 ^M 16 ^P 2009
	City	State Zip Code	Transaction ID: SA11AI.10777
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	1000.00	
- В.	Full Name (Last, First, Middle Initial) Carlos Mohamed	L	Date of Receipt
	Mailing Address 5408 N. Cynthia		10 ^{//} 16 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.10778
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	2500.00	
- с.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.		Date of Receipt
	Mailing Address 2821 Michael Angelo		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.10947
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	1100.00	
ſ	SUBTOTAL of Receipts This Page (optional)	••••••	450.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 103 / 169 (check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any p dress of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
۹.	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
	Mailing Address 5408 N. Cynthia			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10948
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00	
- 3.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.			Date of Receipt
	Mailing Address 2821 Michael Angelo			M + M / D - D / Y - Y - Y - Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11116
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self-employed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1200.00	
-).	Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
	Mailing Address 5408 N. Cynthia			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11117
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	3000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		600.00
┢	TOTAL This Period (last page this line number			
L		<i></i>		-

ę	SCHEDULE A (FEC Form 3X)	ι	Jse separate schedule(s)	FOR LINE NUMBER: PAGE 104 / 169 (check only one)
I	TEMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not e name and address	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
۷ ۹.	Full Name (Last, First, Middle Initial) Carlos Morales			Date of Receipt
	Mailing Address 3325 Kent Lane			10 ^{M M} /D D/YYYY 10 ¹⁶ 2009
	City	State	Zip Code	Transaction ID: SA11AI.10779
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	_
	Primary General Other (specify) ▼		2500.00]
- 3.	Full Name (Last, First, Middle Initial) Carlos Morales			Date of Receipt
	Mailing Address 3325 Kent Lane			M M / D D / Y Y Y Y 1 1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10949
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General Other (specify)	0 0 0	2750.00]
-).	Full Name (Last, First, Middle Initial) Carlos Morales			Date of Receipt
	Mailing Address 3325 Kent Lane			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11118
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate for each categ Detailed Sum tatements may not be sold or us	schedule(s) gory of the mary Page sed by any person t	FOR LINE NUMBER: PAGE 105 / 169 (check only one) Image: state
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive			Date of Receipt
				10 16 2009
	City	State Zip Code TX 78572		Transaction ID: SA11AI.10780
	mission FEC ID number of contributing federal political committee.	TX 78572		Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2500.00	
в.	Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive			Date of Receipt
				11 17 2009
	City	State Zip Code TX 78572		Transaction ID: SA11AI.10950
	mission FEC ID number of contributing federal political committee.	TX 78572		Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2750.00	
С.	Full Name (Last, First, Middle Initial) Leonel Moreno			Date of Receipt
	Mailing Address 1608 Woods Drive			12 ^{//} 16 [/] 2009
	City	State Zip Code		Transaction ID: SA11AI.11119
	mission	TX 78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	3000.00	
	SUBTOTAL of Receipts This Page (optional)		····· •	750.00
Ī	TOTAL This Period (last page this line number	only)	►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 169 (check only one) X X 11a 11b 13 14 15 16 17
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee	to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Lauren Naylor		Date of Receipt
	Mailing Address 3020 Melinda Drive		10 / 16 / Y Y Y Y 10 16
	City	State Zip Code	Transaction ID: SA11AI.10781
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	physician Aggregate Year-to-Date	
	Primary General Other (specify) ▼	500.00	
- B.	Full Name (Last, First, Middle Initial) Lauren Naylor		Date of Receipt
	Mailing Address 3020 Melinda Drive		M M / D D / Y Y Y Y 1 1 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10951
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
- C.	Full Name (Last, First, Middle Initial) Lauren Naylor		Date of Receipt
	Mailing Address 3020 Melinda Drive		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11120
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
ſ	SUBTOTAL of Receipts This Page (optional).		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 107 / 169 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
			11 17 2009
	City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.10952
	FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
- B.	Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
	City	State Zip Code	12 16 2009 Transaction ID: SA11AI.11121
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt
	City	State Zip Code	
	City <u>McAllen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.10783 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	·	200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.10953
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 900.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.11122
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
-).	Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt
	Mailing Address 600 Tulip		10 ^M 16 ^Y Y Y Y Y 10 ^D 16 ^Y 2009
	City	State Zip Code	Transaction ID: SA11AI.10784
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		450.00
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
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	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt
	Mailing Address 600 Tulip		1 1 / 1 7 / Y Y Y Y 1 1 / 1 7 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10954
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	2750.00	
- В.	Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt
	Mailing Address 600 Tulip		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11123
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	3000.00	
- C.	Full Name (Last, First, Middle Initial) Fernando Otero	1	Date of Receipt
	Mailing Address 121 E. Quamasia #148		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10785
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	2500.00	
	SUBTOTAL of Receipts This Page (optional)	L	750.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 110 / 169 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
	Mailing Address 121 E. Quamasia #148		M M / D D / Y Y Y Y 11 1 17 / 2009
	City	State Zip Code	Transaction ID: SA11AI.10955
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	2750.00	
в.	Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
	Mailing Address 121 E. Quamasia #148		12 / 16 / Y Y Y Y 12 009
	City	State Zip Code	Transaction ID: SA11AI.11124
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	3000.00	
C.	Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
	Mailing Address 2305 Red River		M M / D D / Y Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10786
	mcallen	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	750.00	
	SUBTOTAL of Receipts This Page (optional)		575.00
	TOTAL This Period (last page this line number c	-	

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 111 / 169
	· · ·		Use separate so for each catego		(check only one)
	ITEMIZED RECEIPTS		Detailed Summa		X 11a 11b 11c 12
Г					13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or use dress of any politica	d by any person I committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Kip Owen				Date of Receipt
	Mailing Address 2305 Red River				M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code		Transaction ID: SA11AI.10956
	mcallen	ΤX	78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1	75.00
	Name of Employer	Occupatio	n		contribution
	selfemployed	physicia			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General			825.00	
	Other (specify)	0 0	0 0 0 0 0	023.00	
в.	Full Name (Last, First, Middle Initial) Kip Owen	-			Date of Receipt
	Mailing Address 2305 Red River				12 16 2009
	City	State	Zip Code		Transaction ID: SA11AI.11125
	mcallen	ΤX	78572		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer selfemployed	Occupation physicial			- contribution
	Receipt For:		e Year-to-Date 🔻		_
	Primary General Other (specify) ▼		0 0 0 0 0	900.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.				Date of Receipt
0.	Mailing Address P.O. Box 3669				
					10 16 2009
	City	State	Zip Code		Transaction ID: SA11AI.10787
	Edinburg	TX	78540		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer selfemployed	Occupation private in			- contribution
	Receipt For:	· ·	e Year-to-Date 🔻		1
	Primary General			450.00	
	Other (specify) ▼		0 0 0 0 0	+30.00	
	SUBTOTAL of Receipts This Page (optional)				200.00
ŀ					
	TOTAL This Period (last page this line number	r only)		🕨	

~			FOR LINE NUMBER: PAGE 112/169
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Dotaliou Guininai y Lago	
Ai or	ny information copied from such Reports and s for commercial purposes, other than using th	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
<u>ب</u> ٨.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.		Date of Receipt
	Mailing Address P.O. Box 3669		M M / D D / Y Y Y Y 1 1 1 1 1 7 2009
	City	State Zip Code	Transaction ID: SA11AI.10957
	Edinburg	TX 78540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation	- contribution
		private investor	4
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
 8.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr.	1	Date of Receipt
	Mailing Address P.O. Box 3669		1 2 1 6 Y Y Y Y Y 1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11126
	Edinburg	TX 78540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	550.00	
	Full Name (Last, First, Middle Initial) Prakash Palimar		Date of Receipt
	Mailing Address 121 Canary		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10788
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2500.00	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 113 / 169	
			Use separate schedule(s) for each category of the	(check only one)	
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
Г				13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	BORDER HEALTH FEDERAL PAC				
Α.	Full Name (Last, First, Middle Initial) Prakash Palimar			Date of Receipt	
	Mailing Address 121 Canary			M M / D D / Y Y Y Y 11 1 17 2009	
	City	State	Zip Code	Transaction ID: SA11AI.10958	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio physicial		- contribution	
	Receipt For:		e Year-to-Date 🔻	-	
	Primary General		2750.00	1	
	Other (specify)		2/50.00	1	
- В.	Full Name (Last, First, Middle Initial) Prakash Palimar			Date of Receipt	
	Mailing Address 121 Canary			M M / D D / Y Y Y Y Y 12 16 2009	
	City	State	Zip Code	Transaction ID: SA11AI.11127	
	mcallen	TX	78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer selfemployed	Occupatio		- contribution	
		physicia			
	Receipt For: Primary General	Aggregate	e Year-to-Date	-	
	Other (specify)	0 0	3000.00		
- C.	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares	l		Date of Receipt	
	Mailing Address 24399 Dillworth Road			10 16 2009	
	City	State	Zip Code	Transaction ID: SA11AI.10789	
	Harlingen	TX	78552	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer selfemployed	Occupatio physicial		- contribution	
	Receipt For:		e Year-to-Date 🔻		
	Primary General Other (specify) ▼		2125.00]	
ſ	SUBTOTAL of Receipts This Page (optional)	l		625.00	
┝			•		
	TOTAL This Period (last page this line number	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 114 / 169 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
. Z	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares		Date of Receipt
	Mailing Address 24399 Dillworth Road		M M / D D / Y Y Y Y 11 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10959
	Harlingen	TX 78552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	2250.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares		Date of Receipt
	Mailing Address 24399 Dillworth Road		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11128
	Harlingen	TX 78552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	2375.00	
	Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
	Mailing Address P.O.Box 5959		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10790
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self-employed	Occupation physcian	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
111	IMIZED RECEIPIS		
		Detailed Summary Page	X 11a 11b 11c 12
An	vinformation conied from such Reports and S	Statements may not be sold or used by any perso	13 14 15 16 1
or f	or commercial purposes, other than using the	aname and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
	Mailing Address P.O.Box 5959		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10960
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Self-employed	Occupation	- contribution
		physcian	-1
	Receipt For: Primary General	Aggregate Year-to-Date	1
	Other (specify) ▼	1650.00	
	Full Name (Last, First, Middle Initial) Eduardo Peguero		Date of Receipt
	Mailing Address P.O.Box 5959		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11129
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Self-employed	Occupation physcian	- contribution
-	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1800.00]
	Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
-	Mailing Address 3716 Tigris		M M / D D / Y Y Y Y 1 1 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10961
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00]
	JBTOTAL of Receipts This Page (optional)		350.00

S	CHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 116 / 169
	EMIZED RECEIPTS		for each category of the	(check only one)
	EIVIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
A OI	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
×ــــــــــــــــــــــــــــــــــــ	Full Name (Last, First, Middle Initial) Dr. Alberto Pena			Date of Receipt
	Mailing Address 3716 Tigris			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11130
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	0 0 0 0 0 0	50.00
				contribution
	Name of Employer self-employed	Occupation doctor		contribution
	Receipt For:	- I - I	Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	300.00	
 5.	Full Name (Last, First, Middle Initial) Jose Pena			Date of Receipt
	Mailing Address 100 Bluebird			10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10792
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	1	Year-to-Date V	
	Primary General Other (specify) ▼	, iggi egute	2500.00	1
_		0 0	8 8 8 8 8 8 8 8 8	
).	Full Name (Last, First, Middle Initial) Jose Pena			Date of Receipt
	Mailing Address 100 Bluebird			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10962
	<u>mcallen</u>	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
		physician		
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Other (specify)		2750.00]
Γ		<u> </u>		550.00
5	SUBTOTAL of Receipts This Page (optional)			550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the	
1		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
1	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
× ۸.	Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
	Mailing Address 100 Bluebird		12 / D D / Y Y Y Y 16 / 2009
	City	State Zip Code	Transaction ID: SA11AI.11131
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General	3000.00	
	Other (specify)		,
	Full Name (Last, First, Middle Initial) Juan Pena		Date of Receipt
	Mailing Address 905 S. Huisache Cour	t	M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10793
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00)
_	Full Name (Last, First, Middle Initial) Juan Pena	1	Date of Receipt
	Mailing Address 905 S. Huisache Cour	t	M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10963
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
Γ			750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 118 / 169 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	
Γ	Anniatan entities and from each Departs and C			
	Any information copied from such Reports and S or for commercial purposes, other than using the	e name and add	rot be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
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	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
	Mailing Address 905 S. Huisache Court	t		M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11132
	pharr	ТХ	78577	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	- contribution
	self-employed	private in	vestor	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	3000.00	
- -	Full Name (Last, First, Middle Initial)			Data of Despirat
В.	Ernie Perez			Date of Receipt
	Mailing Address P.O. Box 5360			10 16 Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10794
	mcallen	ΤХ	78502	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.70
				- contribution
	Name of Employer self-employed	Occupation		
	Receipt For:	private in		
	Primary General	Aggregate	Year-to-Date	-
	Other (specify) ▼	0 0	1153.15	
- C.	Full Name (Last, First, Middle Initial) Ernie Perez	1		Date of Receipt
0.	Mailing Address P.O. Box 5360			
	Maining / Marcoss F:O: B0X 5500			11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10964
	mcallen	ТХ	78502	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		118.47
	Name of Employer	Occupation	ı	- contribution
	self-employed	private in	vestor	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		1071.60	1
	Other (specify)	0 0	1271.62	1
Γ				
	SUBTOTAL of Receipts This Page (optional)			469.17
ŀ	,			-
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			FOR LINE NUMBER: PAGE 119/169
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a $11b$ 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
A.	, Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt
	Mailing Address P.O. Box 5360		M · M / D · D Y Y · Y Y · Y Y Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.11133
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		88.85
	Name of Employer	Occupation	- contribution
	self-employed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	1360.47	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
	Mailing Address 6912 N. Peking		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.10795
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	204.99
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2349.32]
C.	Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
С.	Mailing Address 6912 N. Peking		M M / D D / Y Y Y Y 1 1 1 7 2009
	City	State Zip Code	Transaction ID: SA11AI.10965
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	241.17
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2590.49]
	CURTOTAL of Descripto This Dass (artists)	<u> </u>	535.01
	SUBTOTAL of Receipts This Page (optional)		
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 120 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 11 11
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
	Mailing Address 6912 N. Peking		12 16 Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11134
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	180.88
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2771.37]
- В.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina		Date of Receipt
	Mailing Address 129 E. Jones		10 ^{//} 16 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.10796
	Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	225.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina		Date of Receipt
	Mailing Address 129 E. Jones		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10966
	Pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer selfemployed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	1	230.88

	An defense the second state of the second	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso ne name and address of any political committee to	n tor the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina Mailing Address 129 E. Jones		Date of Receipt
			12 16 2009
	City Pharr	State Zip Code TX 78577	Transaction ID: SA11AI.11135
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
— В.	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt
	City	State Zip Code	
	mcallen	TX 78504	Transaction ID: SA11AI.10797 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 2500.00	
– C.	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt
			11 17 2009
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.10967 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 2750.00	
	SUBTOTAL of Receipts This Page (optional)	·	525.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 122 / 169 (check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
۷ ۹.	Full Name (Last, First, Middle Initial) Sergio Preciado			Date of Receipt
	Mailing Address 521 E. Bluebird			12 / D D / Y Y Y Y 16 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.11136
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	-1 ¹ · · ·	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	3000.00]
-	Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
	Mailing Address 1608 Woods Drive			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10798
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) Image: Constraint of the second	0 0	2500.00]
-	Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
	Mailing Address 1608 Woods Drive			M M / D D / Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10968
	mission FEC ID number of contributing	TX C	78572	Amount of Each Receipt this Period
	federal political committee.			- contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2750.00	1
Γ			<u> </u>	
	SUBTOTAL of Receipts This Page (optional)			750.00

Detailed Summary Page 113 113 113 115 1		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate sc for each categor		FOR LINE NUMBER: PAGE 123 / 169 (check only one)
Any information capied from such Reports and Statements may no be sold or used by any persen for the purpose of solicitic contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Sergio Rammez: Maling Address 160 Woods Drive City State PEC ID number of contributing federal political contributing federal political contributing C PEC ID number of contributing federal political contributing federal political contributing C Primary General Primary General Primary General Other (specify) ♥ State Zip Code mallen Tx Receipt For: primary General Other (specify) ♥ C City State Maling Address 1301 S. Perking City State City State Maling Address 1301 S. Perking City State Zip Code Transaction Dis Stati Al. 110799 Amount of Each Receipt Inic Period 250.00 City State Zip Code Maling Address 1301 S. Perking 2500.00 <th>•</th> <th></th> <th></th> <th>Detailed Summa</th> <th>ry Page</th> <th>X 11a 11b 11c 12 13 14 15 16 17</th>	•			Detailed Summa	ry Page	X 11a 11b 11c 12 13 14 15 16 17
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Sergio Rominez Mailing Address 1608 Woods Drive City State Zip Code TX 78572 Pict Do number of contributing C Pict Do number of contributing C Promary General Other (Last, First, Middle Initial) Guateron Ramos Mailing Address 1300.00 City State Zip Code Primary General Other (Specify ▼ Aggregate Year-to-Date Tansaction ID: SAT1AL 10759 Mailing Address Mailing Address 100 for (specify) City State Zip Code Transaction ID: SAT1AL 10759 Mailing Address Mailing Address 101 for (specify) City State City State Mailing Add		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	v not be sold or used dress of any political	by any persor committee to s	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1608 Woods Drive City State Zip Code mission TX 75572 FEC ID number of contributing federal political committee. Occupation physician Amount of Each Receipt time Period Primary General Occupation physician Date of Receipt for: 250.00 City State Zip Code Transaction ID: SA11AL11137 Mailing Address 1301 S. Perking Occupation physician Date of Receipt City State Zip Code Transaction ID: SA11AL10799 Mailing Address 1301 S. Perking Date of Receipt Transaction ID: SA11AL10799 Amount of Each Receipt this Period E50.00 Contribution Pill Name (Last, First, Middle Initial) Guarantee Zip Code Mailing Address 1301 S. Perking C Image and the secipt this Period Fc: D number of contributing C Image and the secipt this Period Image and the secipt this Period Guaranto Bamos Aggregate Year-to-Date V Image and the secipt this Period Image and the secipt this Period Guaranto Bamos <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
Sergio Ramirez Date of Receipt Mailing Address 1608 Woods Drive I12 16 2009 City State Zlp Code Transaction Di: SA11Al.11137 Mission TX 7572 Amount of Each Receipt His Period Receipt For: Occupation physician Aggregate Year-to-Date Contribution Mailing Address 1301 S. Perking Date of Receipt Contribution City State Zlp Code Transaction Di: SA11Al.11137 Mailing Address 1301 S. Perking Date of Receipt Contribution City State Zlp Code Transaction Di: SA11Al.10799 Amount of Each Receipt His Period TX 78501 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physicain Aggregate Year-to-Date Mount of Each Receipt His Period Mailing Address 1301 S. Perking Occupation physicain Pate of Receipt Mount of Each Receipt His Period General Other (specify) State Zlp Code Transaction D: SA11Al.1099 Mailing Address 1301 S. Perking C Pate of Receipt Mount		BORDER HEALTH FEDERAL PAC				
City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date Aggregate Year-to-Date Name of Employer selfemployed Occupation physician Aggregate Year-to-Date Image: Contribution Full Name (Last, First, Middle Initial) Gustavo Ramos State Zip Code Image: Contribution Full Name (Last, First, Middle Initial) Gustavo Ramos State Zip Code Image: Contribution Mailing Address 1301 S, Perking City State Zip Code Name of Employer selfemployed Occupation physicain Aggregate Year-to-Date Image: Contribution Receipt For: address 1301 S, Perking City State Zip Code Image: Contribution Receipt For: address 1301 S, Perking City State Zip Code Image: Contribution Gustavo Ramos Mailing Address 1301 S, Perking City Image: Contribution Image: Contribution Full Name (Last, First, Middle Initial) Contribution Contribution Image: Contribution Image: Contribution Mailing Address 1301 S, Perking City State Zip Code	٨.					Date of Receipt
mission TX 78572 Amount of Each Receipt this Period FEC: ID number of contributing tederal political committee. C 250.00 Name of Employer satemployed Occupation physician C contribution Receipt For: Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1301 S. Perking Date of Receipt Transaction ID: SA11AL 10799 City State Zip Code Transaction ID: SA11AL 10799 Mailing Address 1301 S. Perking C contribution City State Zip Code Transaction ID: SA11AL 10799 Mailing Address 1301 S. Perking C contribution Receipt For:		Mailing Address 1608 Woods Drive				12 16 2009
FEC ID number of contributing federal political committee. 250.00 Name of Employer selfemployed Occupation physician contribution Primary Origination (specify) ▼ Aggregate Year-to-Date ▼ Contribution Full Name (Last, First, Middle Initial) Gustavo Ramos Date of Receipt Date of Receipt Maiing Address 1301 S. Perking Date of Receipt 10 / 16 / 2009 City State Zip Code Transaction ID: SA11AI.10799 Mazilen TX 78501 Amount of Each Receipt is Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer selfemployed Occupation physicain Aggregate Year-to-Date ▼ C Full Name (Last, First, Middle Initial) Gustavo Ramos Date of Receipt 11 / 17 / 2009 Transaction ID: SA11AI.10969 Aggregate Year-to-Date ▼ C City State Zip Code Transaction ID: SA11AI.10969 Mailing Address 1301 S. Perking 11 / 17 / 2009 Transaction ID: SA11AI.10969 Mailing Address 1301 S. Perking 12 / 250.00 Contribution Gustavo Ramos Mailing Address 250.00 Contribution		-		•		
federal political committee. 2000 Name of Employer selfemployed Occupation physician Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Gutatxo Ramos Date of Receipt Mailing Address 1301 S. Perking Date of Receipt City State Zip Code TX 78501 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation physicain Primary General Other (specify) ▼ Occupation physicain Receipt For: Primary General Other (specify) ▼ Date of Receipt Mailing Address 1301 S. Perking C C		mission	TX	78572		Amount of Each Receipt this Period
Name of Employed Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Guistavo Rance TX Maling Address 1301 S. Perking City State Zip Code Transaction ID: SA11AL.10799 Anount of Each Receipt Inits Period FEC ID number of contributing federal political committee. Name of Employer Occupation physiciain Primary General Occupation physiciain Receipt For: Occupation physiciain Aggregate Year-to-Date ▼ Primary General Occupation physiciain Contribution Receipt For: Occupation physiciain Aggregate Year-to-Date ▼ Date of Receipt Guistavo Bannes Date of Receipt Contribution Contribution Gily State Zip Code Transaction ID: SA11AL.10969 Guistavo Bannes Date of Receipt Contribution Guistavo Bannes Contribution Date of Receipt Transaction ID: SA11AL.10969 Guistavo Bannes Contribution Date of Receipt Inits Period Transact			C			
Primary General Other (specify) ▼ 0 Full Name (Last, First, Middle Initial) 0 Qustavo Ranos 130 1 S. Perking City State Zip Code mailing Address 1301 S. Perking City State Zip Code mcallen TX 78501 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physicain Aggregate Year-to-Date ▼ Primary General 2500.00 Contribution Gustavo Ramos Mailing Address 1301 S. Perking Date of Receipt Mailing Address 1301 S. Perking C 0 0 City State Zip Code Transaction ID: SA11A1.10969 Amount of Each Receipt Ims Mailing Address 1301 S. Perking Date of Receipt Gustavo Ramos Mailing Address 1301 S. Perking Tai 3 (2, 0, 0) Transaction ID: SA11A1.10969 Amount of Each Receipt Ims Period Tx 78501 Transaction ID: SA11A1.10969 Amount of Each Receipt Ims Period FEC ID number of contributing federal political committee.		Name of Employer selfemployed				
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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 124 / 169
			for each category of the	(check only one)
l			Detailed Summary Page	X 11a 11b 11c 12
г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	ay not be sold or used by any pers	on for the purpose of soliciting contributions
		e name and ad	doress of any political committee t	o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
۷ A.	Full Name (Last, First, Middle Initial) Gustavo Ramos			Date of Receipt
	Mailing Address 1301 S. Perking			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11138
	mcallen	ТΧ	78501	Amount of Each Receipt this Period
			0 0 0 0 0	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	วท	contribution
	selfemployed	physicai	n	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General	1	3000.00	
	Other (specify)	0.0		
-	Full Name (Last, First, Middle Initial)			
В.	Mr. Mario Rangel			Date of Receipt
	Mailing Address 3213 Lance Lot Lane			10 16 Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.10801
	Edinburg	TX	78539	Amount of Each Receipt this Period
			10000	Amount of Each Neceipt this Felod
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupatio	วท	contribution
	selfemployed	private i	nvestor	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General			
	Other (specify)		450.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Mario Rangel	1		Date of Receipt
	Mailing Address 3213 Lance Lot Lane			
				11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10972
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	С		50.00
	Name of Employer	Occupatio	nc	contribution
	selfemployed	private in		
	Receipt For:	1 I I	e Year-to-Date V	
	Primary General	Ayyreyat		
	Other (specify)		500.00	
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	SUBTOTAL of Receipts This Page (optional)			\$350.00
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	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 169 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and S	statements ma	y not be sold or used by any per	13 14 15 16 1
	or for commercial purposes, other than using the	e name and ad	dress of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
Z	,			
۱.	Full Name (Last, First, Middle Initial) Mr. Mario Rangel			Date of Receipt
	Mailing Address 3213 Lance Lot Lane			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11140
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupatio		contribution
	Receipt For:	private in	e Year-to-Date V	
	Primary General	Ayyreyall		
_	Other (specify)	0 0	550.00	
	Full Name (Last, First, Middle Initial) Ms Soraya Rangel			Date of Receipt
	Mailing Address 2010 S. Cynthia Ste 1	10		M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10802
	McAllen	ТХ	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupatio		contribution
	Receipt For:	1	e Year-to-Date V	
	Primary General Other (specify) ▼		225.00	
	Full Name (Last, First, Middle Initial) Ms Soraya Rangel			Date of Receipt
	Mailing Address 2010 S. Cynthia Ste 1	10		M M / D D / Y Y Y Y 1 1 1 1 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.10971
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation private in		
	Receipt For:	+ · ·	e Year-to-Date V	-
	Primary General Other (specify) ▼		250.00	
Γ				100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 169 (check only one) 11a X 11a 11b I 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may no e name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms Soraya Rangel			Date of Receipt
	Mailing Address 2010 S. Cynthia Ste 1	10		1 2 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.11141
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer selfemployed	Occupation		Contribution
	Receipt For:	private inves		
	Primary General	Aggregate re		1
	Other (specify)	0 0 0	275.00	
в.	Full Name (Last, First, Middle Initial) R.V. Reddy	•		Date of Receipt
	Mailing Address 1500 Southland Drive			M M / D D / Y Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10803
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	_
	 Primary General Other (specify) ▼ 	0 0 0	2000.00]
- с.	Full Name (Last, First, Middle Initial) R.V. Reddy			Date of Receipt
	Mailing Address 1500 Southland Drive			M M / D D / Y Y Y Y Y 1 1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10973
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0 0	2125.00	
ſ	SUBTOTAL of Receipts This Page (optional)			275.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 127 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 17 10
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt
	Mailing Address 1500 Southland Drive			12 16 Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11142
	weslaco	ТХ	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupatio		- contribution
	Receipt For:	physiciar Aggregate	e Year-to-Date V	_
	Primary General	Aggregate		1
	Other (specify)	0 0	2250.00	
в.	Full Name (Last, First, Middle Initial) William Restrepo	1		Date of Receipt
2.	Mailing Address 1117 S. Cynthia			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10804
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2500.00]
C.	Full Name (Last, First, Middle Initial) William Restrepo			Date of Receipt
	Mailing Address 1117 S. Cynthia			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10974
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
	SUBTOTAL of Receipts This Page (optional)			625.00
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 128 / 169 (check only one) X 11a 11b 11c 12
-	Any information copied from such Reports and S	Detailed Summary Page Statements may not be sold or used by any perso	13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	solicit contributions from such committee.
لا A.	Full Name (Last, First, Middle Initial) William Restrepo		Date of Receipt
	Mailing Address 1117 S. Cynthia		M M / D D / Y Y Y Y Y 12 16 2009
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11143 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00]
- В.	Full Name (Last, First, Middle Initial) Ms Maria J. Rios Mailing Address P.O. Box 3606	I	Date of Receipt
			11 17 2009
	City McAllen	State Zip Code TX 78502	Transaction ID: SA11AI.10975 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 225.00]
с.	Full Name (Last, First, Middle Initial) Ms Maria J. Rios Mailing Address P.O. Box 3606		Date of Receipt
	City	State Zip Code	12 16 2009 Transaction ID: SA11AI.11144
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	·	300.00
ľ	TOTAL This Period (last page this line number		

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A O	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	angle BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) Homero Rivas			Date of Receipt
	Mailing Address 100 E. Houston			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10806
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	- contribution
	selfemployed	physiciar		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		2500.00	11
	Ctrier (speciry)	0 0		
В.	Full Name (Last, First, Middle Initial) Homero Rivas			Date of Receipt
	Mailing Address 100 E. Houston			M M / D D / Y Y Y Y 111 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10976
	mcallen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
— C.	Full Name (Last, First, Middle Initial) Homero Rivas			Date of Receipt
0.	Mailing Address 100 E. Houston			
				12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11145
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		3000.00]
Γ				750.00
	SUBTOTAL of Receipts This Page (optional)			/ 00.00
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Any in or for of NA BC Ful A. Be Ma	commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC II Name (Last, First, Middle Initial) njamin Robalino	Use separate schedule(for each category of the Detailed Summary Page tatements may not be sold or used by any name and address of any political commi	
Any in or for of NA BC Ful A. Be Ma	MIZED RECEIPTS formation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC II Name (Last, First, Middle Initial) injamin Robalino	for each category of the Detailed Summary Page tatements may not be sold or used by any	e X 11a 11b 11c 12 y person for the purpose of soliciting contributions
Any in or for NA BC Ful S. Be Ma	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC III Name (Last, First, Middle Initial) njamin Robalino	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
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Ful Ful Ma	commercial purposes, other than using the AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC II Name (Last, First, Middle Initial) njamin Robalino	tatements may not be sold or used by any name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Ful Be Ma	ORDER HEALTH FEDERAL PAC		
Ful . <u>Be</u> Ma	ORDER HEALTH FEDERAL PAC		
. <u>Be</u> Ma	njamin Robalino		
			Date of Receipt
C:+	ailing Address 1217 S. Cynthia		M M / D D / Y Y Y Y 10 16 2009
GIL	ty	State Zip Code	Transaction ID: SA11AI.10807
m	callen	TX 78501	Amount of Each Receipt this Period
FF	C ID number of contributing		
	deral political committee.		250.00
Na se	ame of Employer Ifemployed	Occupation	contribution
Po	eceipt For:	physcian	———
ne	Primary General	Aggregate Year-to-Date	
	Other (specify)	2500.0	0
	Il Name (Last, First, Middle Initial)		
	njamin Robalino		Date of Receipt
	ailing Address 1217 S. Cynthia		M M / D D / Y Y Y Y 1 1 1 1 1 7 2009
Cit		State Zip Code	Transaction ID: SA11AI.10977
<u>m</u>	callen	TX 78501	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	250.00
Na se	ame of Employer Ifemployed	Occupation	contribution
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ne	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	2750.0	0
	II Name (Last, First, Middle Initial) mjamin Robalino		Date of Receipt
	ailing Address 1217 S. Cynthia		M M / D D / Y Y Y Y
Cit	, tv	State Zip Code	1 2 1 6 2 0 0 9 Transaction ID: SA11AI.11146
	callen	TX 78501	Amount of Each Receipt this Period
	C ID number of contributing		
	deral political committee.		250.00
Na se	ame of Employer Ifemployed	Occupation physcian	contribution
	eceipt For:		————
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	3000.0	0
	TOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 131 / 169
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S	Statements ma	ay not be sold or used by any pers	son for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	dress of any political committee t	o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
۷ A.	Full Name (Last, First, Middle Initial) Mr. Martin Rocha			Date of Receipt
	Mailing Address P.O. Box 662			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10808
	Santa Rosa	ТΧ	78593	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		50.00
	Name of Employer	Occupatio	20	contribution
	selfemployed	private in		
	Receipt For:	1 1 .	e Year-to-Date V	
	Primary General	Aggregat		-
	Other (specify)		450.00	
_				-
	Full Name (Last, First, Middle Initial)			
В.	Mr. Martin Rocha			Date of Receipt
	Mailing Address P.O. Box 662			1 1 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.10978
	Santa Rosa	ТΧ	78593	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		50.00
	Name of Employer	Occupatio	22	contribution
	selfemployed	private in		
	Receipt For:	1 1 .	e Year-to-Date V	
	Primary General	, iggi ogui		-
	Other (specify)	0 0	500.00	
-	Full Name (Last, First, Middle Initial)	<u>I</u>		Data of Reaciat
C.	Mr. Martin Rocha Mailing Address P.O. Box 662			Date of Receipt
	Maining Address P.O. Box 662			12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11147
	Santa Rosa	ТΧ	78593	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		50.00
	Name of Employer	Occupatio	n	contribution
	selfemployed	private in		
	Receipt For:	1 I '	e Year-to-Date 🔻	
	Primary General	, iggi ogat		
	Other (specify) 🔻		550.00	
_				
Γ				450.00
	SUBTOTAL of Receipts This Page (optional)			▶ 150.00
ľ				
	TOTAL This Period (last page this line number	only)		

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 132 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 110 110 110 110
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	he name and address of any political committee to	solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor		Date of Receipt
			10 ^M 16 ^V 2009
	City	State Zip Code	Transaction ID: SA11AI.10809
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employed	Occupation	- contribution
		private investor	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1250.00	
- 3.	Full Name (Last, First, Middle Initial) Paulette Saca		Date of Receipt
	Mailing Address 109 Condor		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10979
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1375.00	
-).	Full Name (Last, First, Middle Initial) Paulette Saca		Date of Receipt
	Mailing Address 109 Condor		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11148
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		125.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1500.00	
Γ		•	375.00

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 / 169 (check only one)
1	TEMIZED RECEIPTS		for each category of the	
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Γ	Any information copied from such Reports and S	tatomonte ma	v not be cold or used by any pers	
	or for commercial purposes, other than using the	e name and ad	dress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	/ BONDENTIERENTI EDENAET AO			
×	Full Name (Last, First, Middle Initial)			
A.	Javier Saenz	Date of Receipt		
	Mailing Address 2308 Monaco Drive			M M / D D / Y Y Y Y
				10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10810
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	n	contribution
	selfemployed	physicial		
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General	Ayyreyall		-
	Other (specify)		2500.00	
		0 0		
-	Full Name (Last, First, Middle Initial)			
В.	Javier Saenz			Date of Receipt
	Mailing Address 2308 Monaco Drive			M M / D D / Y Y Y
				11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10980
	mission	ТХ	78574	Amount of Each Receipt this Period
	FEC ID number of contributing		8 8 8 8 8	250.00
	federal political committee.	С		250.00
	Name of Employer	Occupatio		contribution
	Name of Employer selfemployed	Occupation physicial		
	Receipt For:	1 1		
	Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		2750.00	
		0 0		
-	Full Name (Last, First, Middle Initial)			
С.	Javier Saenz			Date of Receipt
	Mailing Address 2308 Monaco Drive			M M / D D / Y Y Y
				12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11149
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	C		230.00
	Name of Employer	Occupatio	20	- contribution
	selfemployed	physicial		
	Receipt For:		e Year-to-Date 🔻	
	Primary General	Aggregate		
	Other (specify)		3000.00	
		0 0		-
Г		1		
	SUBTOTAL of Receipts This Page (optional)			750.00
┝				
	TOTAL This Period (last page this line number	only)		
	INAL THIS FERIOU (IAST PAYE THIS III E NUMBER	(iny)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	pr for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
۷ A.	Full Name (Last, First, Middle Initial) JJ Saenz			Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq	10 [/] /16 [/] /2009		
	City	State	Zip Code	Transaction ID: SA11AI.10811
	mcallen FEC ID number of contributing federal political committee.	TX C	78503	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupatio		- contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2500.00]
– B.	Full Name (Last, First, Middle Initial) JJ Saenz			Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq	M M / D D / Y Y Y Y 111 17 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10981
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For:	1 1 2 2	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00	
- С.	Full Name (Last, First, Middle Initial) JJ Saenz			Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq	uare		M M / D D / Y Y Y Y 12 16 2009
	City mcallen	State TX	Zip Code	Transaction ID: SA11AI.11150
	FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physicial		- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 3000.00]
	SUBTOTAL of Receipts This Page (optional)	•		750.00
F	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 169 (check only one)
Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date	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
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd	State Zip Code TX 78503 C	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
 5.	Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date Image: State Stat	Date of Receipt M M / D 0 / Y
s	UBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	750.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 136 / 169
	· · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
г			, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
ĺ	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
, А.	Full Name (Last, First, Middle Initial) Juan Salazar			Date of Receipt
	Mailing Address 801 E Nolana Loop			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.10813
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	on	contribution
	selfemployed	physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		2500.00	
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Juan Salazar	-		Date of Receipt
	Mailing Address 801 E Nolana Loop	M M / D D / Y Y Y Y 111 17 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10983
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For:	1 1 2	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2750.00	
С.	Full Name (Last, First, Middle Initial) Juan Salazar			Date of Receipt
0.	Mailing Address 801 E Nolana Loop			1 2 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.11152
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		3000.00	
[750.00
	SUBTOTAL of Receipts This Page (optional)			•
	TOTAL This Period (last 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 X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any p a name and address of any political committe	erson for the purpose of soliciting contributions the to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock		10 ^{/ D} 16 ^{/ Y} Y Y Y 10 [/] 16 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.10814
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	1250.00	
В.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez	1	Date of Receipt
	Mailing Address 3509 N. Glasscock		M M / D D / Y Y Y Y 1 1 1 1 7 2009
	City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.10984 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	1375.00	
C.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock		M M / D D / Y Y Y Y 12 / 16 / 2009
	City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.11153
	FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	1500.00	
	SUBTOTAL of Receipts This Page (optional)		375.00
	TOTAL This Period (last page this line number	only)	•

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 138 / 169
	· · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 🗌 11b 🗌 11c 🗌 12 🔄
г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may n e name and addre	ot be sold or used by any perso ss of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ſ	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
A.	Full Name (Last, First, Middle Initial) John Sharp			Date of Receipt
	Mailing Address P. O.Box 236		M M / D D / Y Y Y Y 10 16 2009	
	City	State	Zip Code	Transaction ID: SA11AI.10815
	austin	ТХ	78767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		contribution
	self-employed	private inve	estor	
	Receipt For:	11.	ear-to-Date 🔻	
	Primary General		2500.00	1
	Other (specify)		2300.00	
в.	Full Name (Last, First, Middle Initial) John Sharp	•		Date of Receipt
	Mailing Address P. O.Box 236	M M / D D / Y Y Y Y 11 1 17 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10985
	<u>austin</u>	ТХ	78767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private inve	estor	- contribution
	Receipt For:	Aggregate Y	ear-to-Date 🔻	_
	Primary General Other (specify) ▼		2750.00]
С.	Full Name (Last, First, Middle Initial) Tawhid Shuaib			Date of Receipt
0.	Mailing Address 4000 Burns Drive			10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10816
	mcallen	ТХ	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		- contribution
	Receipt For:	1	ear-to-Date 🔻	1
	Primary General Other (specify) ▼		2500.00]
[<u> </u>		750.00
L	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 169 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
	Mailing Address 4000 Burns Drive	1 1 1 1 7 Y Y Y Y 1 1 1 1 1 7 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.10986
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2750.00]
В.	Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
	Mailing Address 4000 Burns Drive	1 2 / D D / Y Y Y Y 1 6 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.11155
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	3000.00]
C.	Full Name (Last, First, Middle Initial) Dennis Slavin	1	Date of Receipt
	Mailing Address 1501 S. Oklahoma		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10818
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	
	 Primary General Other (specify) ▼ 	500.00]
	SUBTOTAL of Receipts This Page (optional)	·	550.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 140 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and address of any political committee to	solicit contributions from such committee.
لا A.	Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
	Mailing Address 1501 S. Oklahoma		1 1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10988
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	550.00	
- В.	Full Name (Last, First, Middle Initial) Dennis Slavin		Date of Receipt
	Mailing Address 1501 S. Oklahoma		1 2 / D D / Y Y Y Y 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11157
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
- C.	Full Name (Last, First, Middle Initial) Hilda Solis		Date of Receipt
0.	Mailing Address P.O.Box 3302		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10819
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Self employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional).		125.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Hilda Solis		Date of Receipt
А.	Mailing Address P.O.Box 3302		1 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10989
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Self employed	Occupation private investor	- contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	275.00	
- B.	Full Name (Last, First, Middle Initial) Hilda Solis		Date of Receipt
	Mailing Address P.O.Box 3302		12 16 Y Y Y Y Y 12 16 2009
		State Zip Code	Transaction ID: SA11AI.11158
	McAllen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		25.00
	Name of Employer Self employed	Occupation private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00	
- C.	Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
	Mailing Address 405 E. Avocet		10 ^{//} 16 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.10820
	Mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1526.60	
ſ		L	175.05

ç	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 142 / 169
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers a name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
∠ A.	Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
	Mailing Address 405 E. Avocet		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10990
	Mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	147.12
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1673.72	
– В.	Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
υ.	Mailing Address 405 E. Avocet	1 2 1 6 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.11159
	Mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	110.34
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1784.06	
– C.	Full Name (Last, First, Middle Initial) Alejandro Tey	I	Date of Receipt
	Mailing Address 3012 Laurie Lane		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10821
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	2500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		507.46
F	TOTAL This Period (last page this line number		

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 143 / 169 (check only one)
I	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ A.	Full Name (Last, First, Middle Initial) Alejandro Tey	Date of Receipt		
	Mailing Address 3012 Laurie Lane	M M / D D / Y Y Y Y Y 11 1 17 2009		
	City	State	Zip Code	Transaction ID: SA11AI.10991
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self employed	Occupatio physicial		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2750.00]
– В.	Full Name (Last, First, Middle Initial) Alejandro Tey			Date of Receipt
	Mailing Address 3012 Laurie Lane			M M / D D / Y Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11160
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self employed	Occupatio physicial		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	3000.00]
– C.	Full Name (Last, First, Middle Initial) Jose Trejo	I		Date of Receipt
	Mailing Address 112 S. Broadway			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10822
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupatio private ir		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00
-	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt	
	Mailing Address 112 S. Broadway	1 1 ^M ^M [/] 1 7 [/] 2 0 0 9		
	City	State Zip Code	Transaction ID: SA11AI.10992	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer self-employed	Occupation	- contribution	
	Receipt For:	private investor Aggregate Year-to-Date	_	
	Primary General Other (specify) ▼	2750.00		
в.	Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt	
	Mailing Address 112 S. Broadway	12 ^{//} 16 [/] 2009		
	City	State Zip Code	Transaction ID: SA11AI.11161	
	mcallen	TX 78501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer self-employed	Occupation private investor	- contribution	
	Receipt For:	Aggregate Year-to-Date ▼	_	
	Primary General Other (specify) The second	3000.00		
с.	Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt	
	Mailing Address 312 Thunderbird		M M / D D / Y Y Y Y 10 16 2009	
	City	State Zip Code	Transaction ID: SA11AI.10823	
	mcallen	TX 78504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	contribution	
	Name of Employer self-employed	Occupation physician	Contribution	
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	2500.00		
	SUBTOTAL of Receipts This Page (optional)	·····	750.00	
	TOTAL This Period (last page this line number	only)		
-				
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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 145 / 169 (check only one)
ľ			for each category of the	X 11a 11b 11c 12
-			Detailed Summary Page	
Г	Any information copied from such Reports and S	tatomonte ma	y not be cold or used by any perce	
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	BORDER HEALTH FEDERAL PAC			
	·			
Α.	Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			M M / D D / Y Y Y Y
				11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.10993
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupatio	n	contribution
	self-employed	physicia		
	Receipt For:	1	e Year-to-Date 🔻	
	Primary General			1
	Other (specify) 🔻		2750.00	
_				
-	Full Name (Last, First, Middle Initial)			Data of Description
В.	Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11162
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
				contribution
	Name of Employer self-employed	Occupatio		
	Receipt For:	physicia		
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		3000.00	
		0.0		-
	Full Name (Last, First, Middle Initial)			
C.	Marcel Twahirwa			Date of Receipt
	Mailing Address 2403 El Encino Drive			10 16 Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10824
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				contribution
	Name of Employer selfemployed	Occupatio		
		physicia		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		2500.00	
				- I
Г				
	SUBTOTAL of Receipts This Page (optional)			750.00
F	,			
	TOTAL This Period (last page this line number	onlv)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 146 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive			Date of Receipt
	0.1	01-11-	7. 0.1	
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.10994 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2750.00	
в.	Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive			Date of Receipt
				12 16 2009
	City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.11163
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer selfemployed	Occupation physicial		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 3000.00	
С.	Full Name (Last, First, Middle Initial) Jose Vasquez			Date of Receipt
	Mailing Address 2548 Palm Circle			10 ^{//} 16 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.10755
	rio grande city	TX	78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physicial	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 2500.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		M M / D D / Y Y Y Y 11 1 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10922
	rio grande city	TX 78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	2750.00	
в.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
-	Mailing Address 2548 Palm Circle		1 2 1 6 Y Y Y Y Y 1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11093
	rio grande city	TX 78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	3000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #B	8	M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10825
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	2250.00	
	SUBTOTAL of Receipts This Page (optional)	•	750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 169 (check only one)
	or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
×.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #	3	1 1 / 1 7 / Y Y Y Y 1 1 1 / 1 7 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10995
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation	- contribution
	Receipt For:	physician	
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	2500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #E	3	M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11164
	McAllen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	- contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	2750.00]
_	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez	Date of Receipt	
	Mailing Address 1806 Summerfield Dr	ive	M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10826
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer selfemployed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 450.00]
Γ		L	550.00

I	TEMIZED RECEIPTS	for each category of the	
		Detailed Summary Pag	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by an e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
∠ A.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
	Mailing Address 1806 Summerfield Dri	ve	1 1 / D D / Y Y Y Y 1 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.10996
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation	contribution
	Receipt For:	private investor Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	500.0	
— В.	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
	Mailing Address 1806 Summerfield Dri	ve	1 2 1 6 Y Y Y Y Y 1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11165
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	550.0	00
– c.	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez	J	Date of Receipt
0.	Mailing Address Rt 2 Box 658		M M / D D / Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10827
	Raymondville	TX 78580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.0	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	150.00

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 150 / 169
		for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16
/	Any information copied from such Reports and S	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
K		and address of any political committee to	
	BORDER HEALTH FEDERAL PAC		
, r	Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez		Date of Receipt
	Mailing Address Rt 2 Box 658		M M / D D / Y Y Y Y 111 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10997
	Raymondville	TX 78580	Amount of Each Receipt this Period
	FEC ID number of contributing		50.00
	federal political committee.	C	50.00
	Name of Employer	Occupation	- contribution
	selfemployed	private investor	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify) 🔻	500.00	
_			
	Full Name (Last, First, Middle Initial)		Date of Decisit
	Mr. Rolando Velazquez		Date of Receipt
	Mailing Address Rt 2 Box 658		
	City	State Zip Code	Transaction ID: SA11AI.11166
	Raymondville	TX 78580	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	50.00
	News of Evenleyer	Queuretien	contribution
	Name of Employer selfemployed	Occupation private investor	
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General	Aggregate real-to-Date •	-
	Other (specify)	550.00	
	Full Name (Last, First, Middle Initial) Carlos Villalta	1	Date of Receipt
	Mailing Address P. O. Box 1632		M M / D D / Y Y Y Y
			10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10828
	mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing		125.00
	federal political committee.		
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General		1
	Other (specify)	1250.00	
			225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 169 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	nd Statements may not be sold or used by any person g the name and address of any political committee to C	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 1375.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City <u>mission</u> FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt M M / D / Y
C. Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date I 1632.69	Date of Receipt <u>M M / D D / Y Y Y Y</u> <u>10 / 16 / 2009</u> Transaction ID: SA11AI.10829 Amount of Each Receipt this Period <u>125.37</u> contribution
SUBTOTAL of Receipts This Page (option	al)	375.37

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 / 169 (check only one)
	ITEMIZED RECEIPTS	for each category of the	\overline{X} 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
[Any information copied from such Reports and S	tatements may not be cold or used by any parts	
	or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	bonden neaenn edenaer ao		
, А.	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana		
	Suite 4		11 17 2009
	City	State Zip Code	Transaction ID: SA11AI.10999
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		147.50
	federal political committee.	С	147.50
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	-1
	Primary General	Aggregate rear-to-Date •	1
	Other (specify)	1780.19	
			1
-	Full Name (Last, First, Middle Initial)		
В.	Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4		M M / D D / Y Y Y Y 12 16 2009
	City	State Zip Code	Transaction ID: SA11AI.11168
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		110.62
	federal political committee.		
	Name of Employer	Occupation	- contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify)	1890.81	
-	Full Name (Look Flag), Michills 1, 2010		
C.	Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt
-	Mailing Address 901 W. Moore		M M / D D / Y Y Y Y
			10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10830
	pharr	TX 78577	Amount of Each Receipt this Period
	FEC ID number of contributing	C	102.50
	federal political committee.		
	Name of Employer	Occupation	- contribution
	Name of Employer selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General		1
	Other (specify)	1334.79	
-			
[
	SUBTOTAL of Receipts This Page (optional)	•••••••	360.62
ŀ			-
	TOTAL This Period (last page this line number	only)	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 153 / 169 (check only one)
П	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	pr for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
∠ A.	Full Name (Last, First, Middle Initial) Victor Villarreal			Date of Receipt
	Mailing Address 901 W. Moore			M M / D D / Y Y Y Y Y 11 1 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.11000
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.58
	Name of Employer selfemployed	Occupatio physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1455.37]
— В.	Full Name (Last, First, Middle Initial) Victor Villarreal			Date of Receipt
	Mailing Address 901 W. Moore			M M / D D / Y Y Y Y 12 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.11169
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.44
	Name of Employer selfemployed	Occupatio physiciar		- contribution
	Receipt For:	1 1 2	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1545.81]
 c.	Full Name (Last, First, Middle Initial) Roger Vitko	1		Date of Receipt
	Mailing Address 1017 south 1st			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10831
	mcallen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self-employed	Occupatio physiciar		- contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1500.00]
	SUBTOTAL of Receipts This Page (optional)	I		361.02
	FOTAL This Period (last page this line number			-

-			FOR LINE NUMBER: PAGE 154 / 169
	CHEDULE A (FEC Form 3X)		(check only one)
ľ	TEMIZED RECEIPTS	for each category of the	X 11a $11b$ 11c 12
		Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any personal address of any political committee	son for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	BORDER HEALTH FEDERAL PAC		
× ۲.	Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
	Mailing Address 1017 south 1st		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.11001
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer self-employed	Occupation	contribution
	Receipt For:	physician	—
	Primary General	Aggregate Year-to-Date	_
	Other (specify)	1650.00	
- 3.	Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
	Mailing Address 1017 south 1st		1 2 1 6 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.11170
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1800.00	
;.	Full Name (Last, First, Middle Initial) Raymond Walker	1	Date of Receipt
•	Mailing Address 1117 Shallow apt 4		10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10832
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	FEC ID number of contributing	
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
Г			550.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 169 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.11002
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00]
- 3.	Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt
	Mailing Address 1117 Shallow apt 4	State Zip Code	
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.11171
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 3000.00]
-	Full Name (Last, First, Middle Initial) James Webb		Date of Receipt
	Mailing Address 312 Redbud		M M / D D / Y Y Y Y Y 10 16 2009
	City	State Zip Code	Transaction ID: SA11AI.10833
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 113.29
	Name of Employer self-employed	Occupation private investor	- contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.65]
Γ		·····	613.29

City State Zip Code mcallen TX 78504 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Name of Employer self-employed Occupation private investor C Contribution Receipt For: Aggregate Year-to-Date ✓ Contribution B. James Webb Date of Receipt C Mailing Address 312 Redbud Transaction ID: SA11AL.1 Mailing Address TX 78504 FEC ID number of contributing federal political committee. C Transaction ID: SA11AL.1 Amount of Each Receipt this Cocupation private investor Contribution Receipt For: Occupation private investor Aggregate Year-to-Date C Primary General Other (specify) ▼ Aggregate Year-to-Date C Contribution C. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Dift T <th>SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS</th> <th>FOR LINE NUMBER: PAGE 156 / 169 (check only one) (check only one) ge X 11a 11b 11c 12 13 14 15 16 13</th>	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 156 / 169 (check only one) (check only one) ge X 11a 11b 11c 12 13 14 15 16 13
A. James Webb Date of Receipt Mailing Address 312 Redbud Date of Receipt City State Zip Code Transaction ID: SA11AL1 Amount of Each Receipt this FEC ID number of contributing C ederal political committee. C Name of Employer self-employed Occupation private investor C Receipt For: Aggregate Year-to-Date ▼ C Other (specify) ▼ 1513.93 Date of Receipt B. James Webb Transaction ID: SA11AL1 Amount of Each Receipt Mailing Address 312 Redbud Transaction ID: SA11AL1 Amount of Each Receipt City State Zip Code Transaction ID: SA11AL1 Amount of Each Receipt Transaction ID: SA11AL1 Amount of Each Receipt Mailing Address 312 Redbud C Transaction ID: SA11AL1 Aggregate Year-to-Date Transaction ID: SA11AL1 Amount of Each Receipt Mailing Address 111 Rio Grande Occupation Transaction ID: SA11AL1 Amount of Each Receipt Transaction ID: SA11AL1 Amount of Each Receipt Other (specify) ▼ 1613.89 Transaction ID: SA11AL1 <td>NAME OF COMMITTEE (In Full)</td> <td>vittee to solicit contributions from such committee.</td>	NAME OF COMMITTEE (In Full)	vittee to solicit contributions from such committee.
federal political committee. Vame of Employer self-employed Primary General Other (specify) ▼ Coupation private investor Aggregate Year-to-Date ▼ full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Transaction ID: SA11Al.1 Aggregate Year-to-Date ▼ full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 312 Redbud City Transaction ID: SA11Al.1 Amount of Each Receipt this Primary General Other (specify) ▼ City General Other (specify) ▼ City Sate Zip Code Transaction ID: SA11Al.1 Amount of Each Receipt this General Other (specify) ▼ General Other (specify) ▼ General Other (specify) ▼ Sate Zip Code Transaction ID: SA11Al.1 Transaction	James Webb Mailing Address 312 Redbud City mcallen	M M M / D D / Y Y Y Y 1 1 7 1 7 2 0 0 9 Transaction ID: SA11AI.11003 Amount of Each Receipt this Period
B. James Webb Date of Receipt Mailing Address 312 Redbud Image: 1 for the second secon	federal political committee. Name of Employer self-employed Receipt For: Primary General	
C. Patrick Wilcox Date of Receipt Mailing Address 111 Rio Grande 10 16 City State Zip Code Transaction ID: SA11AI.1 mission TX 78572 Amount of Each Receipt this FEC ID number of contributing federal political committee. C C Contribution Name of Employer control or contribution Occupation Contribution Contribution	James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	M M / D / 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
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼	Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	M M / D D / 2009 Transaction ID: SA11AI.10834 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	▶ 333.24

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 157 / 169 (check only one) X X 11a 11b 11c 12
			Detailed Summary Page	
A o	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
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	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Patrick Wilcox			Date of Receipt
	Mailing Address 111 Rio Grande			M M / D D / Y Y Y Y 111172009
	City	State	Zip Code	Transaction ID: SA11AI.11004
	mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	1	PYear-to-Date V	
	Primary General	7 iggi ogato	1100.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) Patrick Wilcox	•		Date of Receipt
	Mailing Address 111 Rio Grande			12 / 16 / Y Y Y Y 12 009
	City	State	Zip Code	Transaction ID: SA11AI.11173
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1200.00	
	Full Name (Last, First, Middle Initial) Subbarrao Yarra			Date of Receipt
	Mailing Address 6905 N. Cynthia			M M / D D / Y Y Y Y 10 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.10835
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation physiciar		contribution
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
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Any infor	rmation copied from such Reports and Sta	atements mag	y not be sold or used by any pers	on for the purpose of soliciting contributions
or for co	mmercial purposes, other than using the n	name and ad	dress of any political committee to	o solicit contributions from such committee.
NAM	E OF COMMITTEE (In Full)			
	RDER HEALTH FEDERAL PAC			
Full N	Jame (Last, First, Middle Initial)			
	arrao Yarra			Date of Receipt
	ng Address 6905			
With	N. Cynthia			11 17 2009
City	N. Oynana	State	Zip Code	Transaction ID: SA11AI.11005
	llen		•	
<u>McA</u>	lien	TX	78504	Amount of Each Receipt this Period
	ID number of contributing	С		50.00
federa	al political committee.			
<u>.</u>				contribution
	e of Employer employed	Occupatio		
		physiciar	1	
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	Primary General	1	EEO OO	
	Other (specify) 🔻		550.00	
Full N	Jame (Last, First, Middle Initial)			
	arrao Yarra			Date of Receipt
Mailir	ng Address 6905			M M / D D / Y Y Y Y
	N. Cynthia			12 16 2009
City	-,	State	Zip Code	Transaction ID: SA11AI.11174
McA	llen	ТХ	78504	Amount of Each Receipt this Period
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	ID number of contributing	C		50.00
redera	al political committee.		1 1 1 1 1	
Name	e of Employer	Occupatio	n	contribution
Self-e	employed	physiciar		
Pooo	ipt For:	1. 2		
I IECE	Primary General	Aggregate	e Year-to-Date 🔻	
			600.00	
	Other (specify)	0 0		
	Name (Last, First, Middle Initial)			Data of Bossist
	hristopher Zaleski			Date of Receipt
Mailir	ng Address 6804 N. 1st			10 16 Y Y Y Y 10 16
		0 1	7. 0. 1	
City		State	Zip Code	Transaction ID: SA11AI.10836
<u>mca</u>	llen	TX	78504	Amount of Each Receipt this Period
FEC	ID number of contributing	•		050.00
	al political committee.	C		250.00
				- contribution
Name	e of Employer mployed	Occupatio		
Sellel		physiciar	ר	
Rece	ipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	00 - 0 - 0		
	Other (specify)		500.00	
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	TAL of Descipts This Days (astissed)			350.00
SORIO	TAL of Receipts This Page (optional)	·····		
TOTAL	This David (last page this line much			
	This Period (last page this line number or	nıy)		

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;	SCHEDULE A (FEC Form 3X)	Use	separate schedule(s)	FOR LINE NUMBER: PAGE 159 / 169 (check only one)
	TEMIZED RECEIPTS	for ea	ach category of the	
		Deta	iled Summary Page	
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be a name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Dr. Christopher Zaleski			Date of Receipt
	Mailing Address 6804 N. 1st			1 1 1 1 7 2 0 0 9
	City	State Zip	Code	Transaction ID: SA11AI.11006
	mcallen	TX 78	504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				- contribution
	Name of Employer selfemployed	Occupation		
		physician	.	_
	Receipt For: Primary General	Aggregate Year-to	-Date 🔻	
	Other (specify)		750.00	
		0 0 0	0 0 0 0 0	1
-	Full Name (Last, First, Middle Initial)			
В.	Dr. Christopher Zaleski			Date of Receipt
	Mailing Address 6804 N. 1st			12 16 Y Y Y Y 12 16 2009
	City	State Zip	Code	Transaction ID: SA11AI.11175
	mcallen		504	
		1 / 0:	504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				- contribution
	Name of Employer selfemployed	Occupation		Contribution
		physician		
	Receipt For:	Aggregate Year-to	-Date	_
	Other (specify)		1000.00	
	Other (specify)	0 0 0	0 0 0 0 0	1
-	Full Name (Last, First, Middle Initial)			
C.	Hugo Zapata			Date of Receipt
	Mailing Address 316 Xenops			10 ^M / D D / Y Y Y Y 16 ^D 2009
	City	Stata Zin	Codo	
	City mcallen	-	Code	Transaction ID: SA11AI.10837
		1 / 0:	504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	·			contribution
	Name of Employer selfemployed	Occupation		
		physician		_
	Receipt For: Primary General	Aggregate Year-to	-Date V	
	Other (specify)		2500.00	
			0 0 0 0 0 0	1
Г		1		
	SUBTOTAL of Receipts This Page (optional)			750.00
┝				
1	TOTAL This Period (last page this line number	only)	•	

۲ م	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	tatements may name and add	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers dress of any political committee to	FOR LINE NUMBER: PAGE 160 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions policit contributions from such committee. 17
A .	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops			Date of Receipt
	City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate		Transaction ID: SA11AI.11007 Amount of Each Receipt this Period 250.00 contribution
В.	Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physiciar Aggregate		Date of Receipt

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	▶	84258.60

SCHEDULE B (FEC Form 3)	Use separate schedule(s)		LINE NU	JMBER: PAGE 161 / 169						39	
TEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	X 21	b 🗌	22 28a	23 28b	,		24 28c	25		26 30
Any Information copied from such Reports ar or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC											
Full Name (Last, First, Middle Initial) Capital Area Reach Program				Date o	action I f Disbu	rsem	nent		.1119	9	
Mailing Address 601 Pennsylvania suite 900 south b				11	И / [25	5	Y	ž0) 9 [`]	
City Washington	State Zip Code DC 20004			Amour	nt of Ea	ch D)isbu	urser			iod
Purpose of Disbursement donation		012		L.					5000.	00	
		Category Type	/								
Office Sought: House Senate President State: District:	isbursement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial) Congressional Quarterly					action I f Disbu	rsem	nent		.1120	8	
Mailing Address 1255 22nd Street	W			12	M / [29))	Y	ž0	ວ໌9 [°]	
City Washington	State Zip Code DC 20037			Amour	nt of Ea	ch D)isbu	urser	nent th	s Per	iod
Purpose of Disbursement subscription services		001		L.	<u> </u>				165.	00	
Candidate Name		Category Type	/								
Office Sought: House Senate President State: District:	isbursement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial) CopyPlus					action I f Disbu	rsem	nent		.1120	7	
Mailing Address 4500 N. 10th suit	240			1 [™] 2	и / [22	2	Y	ž 0	່ 9 ັ	
City McAllen	State Zip Code TX 78504			Amour	nt of Ea	ch D)isbu	urser	nent thi	s Per	iod
Purpose of Disbursement office supplies		001		L.					527.	49	
Candidate Name		Category Type	/								
Office Sought: House Senate President State: District:	isbursement For: Primary General Other (specify) ▼										
SUBTOTAL of Disbursements This Page (tional)		►						5692.	49	

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page) (check c X 21b	22 23	PAGE 162 / 169
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)				soliciting contributions
Ľ	BORDER HEALTH FEDERAL PAC				
	Full Name (Last, First, Middle Initial) International Museum of Arts and Scienc	e		Date of Disbur	
	Mailing Address 1900 Nolano				17 ^D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	StateZip CodeTX78504	1	Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement soliciatation fundraising expenditures		003	L	943.00
	Candidate Name		Category/ Type		
	Senate President	sement For: Primary General Other (specify) ▼			
	State: District: Full Name (Last, First, Middle Initial)			Transaction II	D: SB21B.11203
	Ms Nicole Leal			Date of Disbur	sement
	Mailing Address 452 Quail				0 4 [′] [°] 2 0 0 9 [°]
	City McAllen	State Zip Code TX 78502		Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement contract labor		001		615.00
	Candidate Name		Category/ Type		
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼			
	Full Name (Last, First, Middle Initial) Peppers			Date of Disbur	
	Mailing Address 4620 North 10th Street				13 [′] ^Y
	City McAllen	StateZip CodeTX78504		Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement luncheon meeting		001		478.69
	Candidate Name		Category/ Type		
	Senate President	sement For: Primary General Other (specify) ▼	I		
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			2036.69
т	OTAL This Period (last page this line number onl	y)			· · · · · · ·
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FEC Schedule B (Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X)		FOR LINE	
	ITEMIZED DISBURSEMENTS			
		Detailed Summary Page	X 21b	22 23 24 25 26
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	BORDER HEALTH FEDERAL PAC			
	/			
A.	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.11201
А.	Peppers			
	Mailing Address 4620 North 10th Stree	et		
	City McAllen	State Zip Code TX 78504		Amount of Each Disbursement this Period
	Purpose of Disbursement fundraising expenditures		003	2231.55
	Candidate Name		Category/ Type	
	Senate President	Primary General Other (specify) ▼		
-	State: District:			
В.	Full Name (Last, First, Middle Initial) William J Clinton Foundation			Transaction ID: SB21B.11204 Date of Disbursement
	Mailing Address 55 West 125th Street	URSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 21 22 23 24 25 om such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions se, other than using the name and address of any political committee to solicit contributions from such committee 25 23 24 25 23 om such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions se, other than using the name and address of any political committee to solicit contributions from such committee 26 23 24 25 23 if E (In Full) I		
	City New York			Amount of Each Disbursement this Period
	Purpose of Disbursement donation		012	25000.00
	Candidate Name			
	5			
	State: District:	Other (specify)		

SUBTOT	FAL of Disbursements This Page (optional)	►	27231.55
TOTAL	This Period (last page this line number only)	►	34960.73
FE6AN026			FEC Schedule B (Form 3X) (Revised 02/2003)

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page		OR LINE I heck only	NUMBER: one)	23 [_ ₽А 24	GE	164 / 25	169
Ŀ				27	28a	28b	28c		29	30
	ny Information copied from such Reports and State for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
-	Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATE	ER AMERICA			Transaction Date of Dia	sbursen				Y
	Mailing Address 607 14th Street, NW, S	uite 800			11	22	Ĭ	2 (зò́э	
	City Washington	StateZip CodeDC20005	1		Amount of	Each D)isburse			eriod
	Purpose of Disbursement contribution		01		L	<u> </u>		150	0.00	
	Candidate Name AMERIPAC: THE FUND FOR A GREATE	ER AMERICA	Cateo Typ							
	Senate President	sement For: 2009 Primary X General Other (specify) ▼								
	State: District: Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE				Transaction Date of Dis	sbursen	nent			_
	Mailing Address PO BOX 8175				10 ^M	0	D / Y	ź	о ò́ 9	Y
	City METAIRIE	State Zip Code LA 70011			Amount of	Each D)isburse	ment	this P	eriod
	Purpose of Disbursement contribution Candidate Name		01 Categ	_				200	0.00	
	DAVID VITTER FOR US SENATE		Typ							
	Office Sought: House Disburs X Senate President State: LA District: 00	sement For: 2009 Primary X General Other (specify) ▼								
	State LA District 00 Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE				Transaction Date of Dis	-		1120	6	
	Mailing Address PO BOX 8175				1 ²	^D 14	D / Y 1	ź	o ở 9	Y
	City METAIRIE	State Zip Code LA 70011			Amount of	Each D)isburse	ment	this P	eriod
	Purpose of Disbursement contribution		01	1	L			300	0.00	
	Candidate Name DAVID VITTER FOR US SENATE		Cateo Typ							
	X Senate President	sement For: 2009 Primary X General Other (specify) ▼								
Г	State: LA District: 00							-		
Ŀ	SUBTOTAL of Disbursements This Page (optional)		•				650	0.00	
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FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	PAGE 165 / 169	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 🗙 23 🗌 24	4 25 2 8c 29 3
Any Information copied from such Reports and State or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				
Full Name (Last, First, Middle Initial) RAUL M GRIJALVA			Transaction ID: SB2 Date of Disbursement	23.11190
Mailing Address PO Box 1242				Ý ŽOÖ9Ÿ
City Tucson	State Zip Code AZ 85702		Amount of Each Disbu	
Purpose of Disbursement contribution Candidate Name		011 Category/		5000.00
Office Sought: X House Disburs Senate President State: AZ District: 07	ement For: 2009 Primary X General Other (specify) ▼	Туре		
Full Name (Last, First, Middle Initial) GUTIERREZ, LUIS V			Transaction ID: SB2 Date of Disbursement	
Mailing Address 2846 N RIVERWALK				Ý ŽOÖ9Ÿ
City CHICAGO	State Zip Code IL 60618		Amount of Each Disbu	
Purpose of Disbursement contributions		011		5000.00
Candidate Name GUTIERREZ FOR CONGRESS		Category/ Type	-	
Office Sought: X House Disburs Senate President State: IL District: 04	ement For: 2010 Primary X General Other (specify) ▼			
Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA			Transaction ID: SB2 Date of Disbursement	
Mailing Address 1404 South Illinois				Ý ŽOŎ9Ÿ
City Mercedes	StateZip CodeTX78570		Amount of Each Disbu	
Purpose of Disbursement contribution		011		5000.00
Candidate Name RUBEN E HINOJOSA		Category/ Type		
	ement For: 2010 Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		►		15000.00
TOTAL This Period (last page this line number only)	►		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s				NE NUMBER: PAGE 166 / 169 nly one)									9
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ì	21b 27	22 28a	X	23 28	b	2	24 28c		25 29		26 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													S	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC														
Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA					Tran Date	of D	isbu	urse	ment		111	96		
Mailing Address 1404 South Illinois					[™] 1	М	′	^D 2	^р З	Y	ž	٥ò٩	9 [×]	
,	State Zip Code TX 78570				Amo	unt o	of Ea	ach I	Disb	urse	-	t this	-	od
Purpose of Disbursement contribution			011		L.						50	00.00)	
Candidate Name RUBEN E HINOJOSA			atego Type	-										
Senate President	ment For: 2009 Primary X General Other (specify) ▼		_											
State: TX District: 15 Full Name (Last, First, Middle Initial) Mike MIKE ROSS FOR CONGRESS COM	м				Tran Date			urse	ment	-		-	V	
Mailing Address PO Box 360					11	IVI	′	2	^D 4	Ľ	ž	0 ò s	9 '	
	State Zip Code AR 71857				Amo	unt o	of Ea	ach I	Disb	urse	-	t this	-	od
Purpose of Disbursement contribution			011		L.						10	00.00)	
Candidate Name MIKE ROSS FOR CONGRESS COMMITT	E		atego Type											
Senate President	ment For: 2009 Primary X General Other (specify) ▼													
State: AR District: 04														
Full Name (Last, First, Middle Initial) PATTY MURRAY					Tran Date	of D		urse	ment	-		-	V	
Mailing Address PO BOX 3662					1 2	IN1		^D 1	ă	Ľ	Ź	0 ò s	9 '	
,	State Zip Code WA 98124				Amo	unt o	of Ea	ach I	Disb	urse		t this	-	od
Purpose of Disbursement contribution			011		L.						25	00.00)	
Candidate Name PEOPLE FOR PATTY MURRAY U S SENA	ATE CAMPAIGN		atego Type	-										
Office Sought: House Disburse X Senate President	ment For: 2009 Primary X General Other (specify) ▼													
State: WA District: 00	· · · · ·												_	
SUBTOTAL of Disbursements This Page (optional) .				►		_					85	00.00)	
TOTAL This Period (last page this line number only)				►		_								

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

	SCHEDULE B (FEC Form 3X)			Use separate schedule(s)			FOR LINE NUMBER: (check only one)					PAGE 167 / 169						
	IT	EMIZED DISBURSEMEN	TS		category of the Summary Page			21b 27		22 28a	Х	23 28b	\square	24 28c		25 29		26 30b
		y Information copied from such Reports for commercial purposes, other than usir																
		NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	кС															
Α.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 SECOND STREET NE					Transactie Date of Dis 12 ^M 2 ^M					sburs							
		City WASHINGTON		State DC	Zip Code 20002				/	Amour	nt of	Each	Dis	bursen	-		eriod	-
	Purpose of Disbursement contribution					011				15000.00								
		Candidate Name					iteg Type	ory/ ə										
		Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	2009 X General ecify) ▼													
		State: District:																

45000.00	
	45000.00

SCHEDULE D (FEC Form 3X))		(Use separate	PAGE 168 / 169					
DEBTS AND OBLIGATIONS	schedule(s) for each								
Excluding Loans	numbered line)	(check only one) 9 X 10							
NAME OF COMMITTEE (In Full)			,						
BORDER HEALTH FEDERAL P	PAC								
A Full Name /Last First Middle	Initial) of Dataset	Craditor	Notice of t	Debt (Burnesse):					
A. Full Name (Last, First, Middle AC Rentals	Initial) of Deptor or	Creator		Nature of Debt (Purpose): rental space					
Mailing Address PO Box 2673									
City Stat McAllen TX		ZIP Code 78502							
Outstanding Balance Beginning	This Period		Tra	ansaction ID: SD10.9553					
900	0.00								
Amount Incurred This Pe	eriod	Payment This Period	Outstand	ing Balance at Close of This Period					
	0.00	0.00		900.00					
B. Full Name (Last, First, Middle	Initial) of Debtor or	Creditor		Debt (Purpose):					
AC Rentals		rental spa	ace						
Mailing Address PO Box 2673									
	•								
City Stat McAllen TX		ZIP Code 78502							
Outstanding Balance Beginning									
			Ira	ansaction ID: SD10.10053					
900	0.00								
Amount Incurred This Po	eriod	Payment This Period	Outstand	ing Balance at Close of This Period					
	0.00	0.00		900.00					
1) SUBTOTALS This Period This F	Page (optional)		►	1800.00					
2) TOTALS This Period (last page the	his 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					

FE6AN026

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

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