

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of _____

5. Covering Period 10 01 2006 through 11 27 2006

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 12 08 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		49015.62
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	306439.24									
(c) Total Receipts (from Line 19)	54782.25	322254.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	361221.49	371270.34								
7. Total Disbursements (from Line 31)	0.00	10048.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	361221.49	361221.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54732.25	318357.58
(i) Itemized (use Schedule A)	50.00	3897.14
(ii) Unitemized	54782.25	322254.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	54782.25	322254.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	54782.25	322254.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54782.25	322254.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	48.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	48.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	10048.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	10048.85

DETAILED SUMMARY PAGE
of Disbursements

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)	54782.25	322254.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54782.25	322254.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	48.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	48.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1619 heritage lane		Transaction ID: SA11A1.5541	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1619 heritage lane		Transaction ID: SA11A1.5668	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 104 augusta square		Transaction ID: SA11A1.5542	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ruben Abreu		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 104 augusta square		Transaction ID: SA11A1.5669	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael Alleyn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5505 N. 4th		Transaction ID: SA11A1.5543	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 2422.49	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Alleyn		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 5505 N. 4th		Transaction ID: SA11A1.5670	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 2672.49	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Amyx		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2108 Mynah		Transaction ID: SA11A1.5545	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Michael Amyx		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2108 Mynah		Transaction ID: SA11A1.5672	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) C. Dario Arango		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7004 N. Cynthia		Transaction ID: SA11A1.5546	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2125.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 7004 N. Cynthia		Transaction ID: SA11A1.5673
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

B. Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1503 S. Airport suite 6		Transaction ID: SA11A1.5547
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C. Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1503 S. Airport suite 6		Transaction ID: SA11A1.5674
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5548

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5675

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5549

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5676 Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	

B. Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission State TX Zip Code 78574 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5550 Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00	

C. Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission State TX Zip Code 78574 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5677 Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7007 N 1st Lane		Transaction ID: SA11A1.5551	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 7007 N 1st Lane		Transaction ID: SA11A1.5678	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2005 Cimarron Court		Transaction ID: SA11A1.5552	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alonzo Cantu		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P.O.Box 2673		Transaction ID: SA11A1.5554
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Alonzo Cantu		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address P.O.Box 2673		Transaction ID: SA11A1.5681
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Carlos Cardenas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1000 N. Taylor Road		Transaction ID: SA11A1.5555
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Carlos Cardenas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1000 N. Taylor Road		Transaction ID: SA11A1.5682	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 2750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jose Carreras		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1016 E. Griffin Parkway		Transaction ID: SA11A1.5598	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jose Carreras		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1016 E. Griffin Parkway		Transaction ID: SA11A1.5723	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 2750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Augusto Castrillon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11A1.5556
City mission State TX Zip Code 78572	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Augusto Castrillon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11A1.5683
City mission State TX Zip Code 78572	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Norma Cavazos-Salas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2301 N. Bryan Road		Transaction ID: SA11A1.5557
City mission State TX Zip Code 78572	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Norma Cavazos-Salas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2301 N. Bryan Road		Transaction ID: SA11A1.5684	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) B. R. Chandrasekharan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1210 East 8th street suite 1		Transaction ID: SA11A1.5558	
City weslaco	State TX	Zip Code 78591	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. R. Chandrasekharan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1210 East 8th street suite 1		Transaction ID: SA11A1.5685	
City weslaco	State TX	Zip Code 78591	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Diana Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1400 Northgate Lane		Transaction ID: SA11A1.5561	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 116.79
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1146.90	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Diana Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1400 Northgate Lane		Transaction ID: SA11A1.5688	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 131.39
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1278.29	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1224 Northgate Lane		Transaction ID: SA11A1.5559	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 130.32
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1279.76	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	378.50
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1224 Northgate Lane		Transaction ID: SA11A1.5686	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 146.61
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1426.37		

Full Name (Last, First, Middle Initial) B. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1400 Northgate		Transaction ID: SA11A1.5560	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 155.89
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1530.83		

Full Name (Last, First, Middle Initial) C. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1400 Northgate		Transaction ID: SA11A1.5687	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 175.37
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1706.20		

SUBTOTAL of Receipts This Page (optional)	477.87
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. David Deanda		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2408 Dorado		Transaction ID: SA11A1.5563	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. David Deanda		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2408 Dorado		Transaction ID: SA11A1.5690	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) C. Jorge De La Garza		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 120 Condor		Transaction ID: SA11A1.5562	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 233.58
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2318.84		

SUBTOTAL of Receipts This Page (optional) ▶	733.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jorge De La Garza		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 120 Condor		Transaction ID: SA11A1.5689	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 2568.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alberto Duran		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1615 Palazzo		Transaction ID: SA11A1.5564	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Occupation selfemployed physician	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alberto Duran		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1615 Palazzo		Transaction ID: SA11A1.5691	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Occupation selfemployed physician	Aggregate Year-to-Date ▼ 2750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Kotthegal Eshwar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 108 Yellow Hammer		Transaction ID: SA11A1.5565	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Kotthegal Eshwar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 108 Yellow Hammer		Transaction ID: SA11A1.5692	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) C. Antonio Esparza		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 136 W. Yucca		Transaction ID: SA11A1.5566	
City State Zip Code mcallent TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Antonio Esparza		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 136 W. Yucca		Transaction ID: SA11A1.5693
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Antonio Falcon		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address 2768 Pharmacy Road		Transaction ID: SA11A1.5567
City rio grande city	State TX	Zip Code 78582
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Antonio Falcon		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 2768 Pharmacy Road		Transaction ID: SA11A1.5695
City rio grande city	State TX	Zip Code 78582
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Maria Elena Falcon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2212 Westway		Transaction ID: SA11A1.5568	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Maria Elena Falcon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2212 Westway		Transaction ID: SA11A1.5694	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Alberto Felici		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2309 W. Greenbriar Square		Transaction ID: SA11A1.5569	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 130.31		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1279.65	

SUBTOTAL of Receipts This Page (optional) ▶	630.31
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alberto Felici		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2309 W. Greenbriar Square		Transaction ID: SA11A1.5696	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 146.60		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 1426.25		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Marco Flores		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 320 Primrose		Transaction ID: SA11A1.5570	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Marco Flores		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 320 Primrose		Transaction ID: SA11A1.5697	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 2750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	646.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5571 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																					
2500.00																							

B. Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5698 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	9		2	0	0	6														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2750.00</td> </tr> </table>		2750.00																					
2750.00																							

C. Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5572 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																					
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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2800 Santa Teresa		Transaction ID: SA11A1.5699	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 2750.00	

B. Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2712 E. Mile 5 Road		Transaction ID: SA11A1.5573	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 26.06		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 255.95	

C. Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2712 E. Mile 5 Road		Transaction ID: SA11A1.5700	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 29.32		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 285.27	

SUBTOTAL of Receipts This Page (optional) ▶	305.38
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Potenciano Garcia		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5800 N. 1st Lane		Transaction ID: SA11A1.5574	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	contribution		
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Potenciano Garcia		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 5800 N. 1st Lane		Transaction ID: SA11A1.5701	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	contribution		
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5404 N. 1st street		Transaction ID: SA11A1.5576	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	contribution		
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Rene Garza		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 5404 N. 1st street		Transaction ID: SA11A1.5702	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) B. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3900 Sundown Drive		Transaction ID: SA11A1.5577	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 3900 Sundown Drive		Transaction ID: SA11A1.5703	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Robert Genovese		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2208 Summer Breeze		Transaction ID: SA11A1.5578
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 177.04	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1738.54	

Full Name (Last, First, Middle Initial) B. Robert Genovese		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2208 Summer Breeze		Transaction ID: SA11A1.5704
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 199.17	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1937.71	

Full Name (Last, First, Middle Initial) C. Alvaro Giraldo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 106 W. Flamingo		Transaction ID: SA11A1.5544
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	626.21
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alvaro Giraldo		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 106 W. Flamingo		Transaction ID: SA11A1.5671
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Ada Gonzalez		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address P.O. Box 9817		Transaction ID: SA11A1.5579
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 188.72
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1853.20	

Full Name (Last, First, Middle Initial) C. Ada Gonzalez		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address P.O. Box 9817		Transaction ID: SA11A1.5705
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 212.31
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2065.51	

SUBTOTAL of Receipts This Page (optional)	▶	651.03
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alfredo Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2305 Monaco Drive		Transaction ID: SA11A1.5580
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.79
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1146.90	

Full Name (Last, First, Middle Initial) B. Alfredo Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2305 Monaco Drive		Transaction ID: SA11A1.5706
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 131.39
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1278.29	

Full Name (Last, First, Middle Initial) C. Jaime Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3511 Plazas del Lago		Transaction ID: SA11A1.5581
City edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	498.18
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5707

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5582

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5708

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Verley Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11A1.5583	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 244.40		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2305.14		

Full Name (Last, First, Middle Initial) B. Verley Gordon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11A1.5709	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2555.14		

Full Name (Last, First, Middle Initial) C. Enrique Griego		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 905 Inspiratin Drive		Transaction ID: SA11A1.5584	
City State Zip Code pharr TX 78577	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	744.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5710

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5585

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5711

Amount of Each Receipt this Period
100.00

contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5586 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

B. Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5712 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00		

C. Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street City State Zip Code weslaco TX 78596 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5587 Amount of Each Receipt this Period 247.11 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2366.28		

SUBTOTAL of Receipts This Page (optional)	747.11
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Rodolfo Guerrero		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1402 E. 8th Street		Transaction ID: SA11A1.5713	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2616.28		

Full Name (Last, First, Middle Initial) B. Alberto Gutierrez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6020 Wisconsin		Transaction ID: SA11A1.5588	
City edinburg	State TX	Zip Code 78539	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Alberto Gutierrez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 6020 Wisconsin		Transaction ID: SA11A1.5714	
City edinburg	State TX	Zip Code 78539	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5590 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
250.00																							
Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																					
2500.00																							

B. Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5715 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	9		2	0	0	6														
250.00																							
Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2750.00</td> </tr> </table>		2750.00																					
2750.00																							

C. Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City State Zip Code mcallen TX 78501 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5591 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
250.00																							
Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2750.00</td> </tr> </table>		2750.00																					
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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5716

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5592

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5717

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Robert Helbing		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 820 Tamarack		Transaction ID: SA11A1.5593
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 92.70	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 910.31	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Helbing		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 820 Tamarack		Transaction ID: SA11A1.5718
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 104.29	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1014.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Maximiliano Hernandez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID: SA11A1.5594
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	446.99
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Maximiliano Hernandez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID: SA11A1.5719	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00		

Full Name (Last, First, Middle Initial) B. Maria Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 802 Inspiration Road		Transaction ID: SA11A1.5595	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Maria Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 802 Inspiration Road		Transaction ID: SA11A1.5720	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Vincent Honrubia		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address 204 Rio Grande		Transaction ID: SA11A1.5596
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Vincent Honrubia		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 204 Rio Grande		Transaction ID: SA11A1.5721
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Donna Joule		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address 708 S H Street		Transaction ID: SA11A1.5597
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Donna Joule		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 708 S H Street		Transaction ID: SA11A1.5722	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Nelson Kalaf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5401 N. 8th Street		Transaction ID: SA11A1.5599	
City mcAllen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nelson Kalaf		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 5401 N. 8th Street		Transaction ID: SA11A1.5724	
City mcAllen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gauri Kanhere		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.5600	
City rio grande city	State TX	Zip Code 78582	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Gauri Kanhere		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.5725	
City rio grande city	State TX	Zip Code 78582	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) C. Gholam Kiani		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 213 e. Xenops		Transaction ID: SA11A1.5601	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5726 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

B. Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5602 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C. Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5727 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alejandro Kudisch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 323 Nightingale		Transaction ID: SA11A1.5603
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Alejandro Kudisch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 323 Nightingale		Transaction ID: SA11A1.5728
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Jorge Kutugata		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address Rt 2 Box 522-K		Transaction ID: SA11A1.5604
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5729

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5606

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5732

Amount of Each Receipt this Period
250.00

contribution

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5607

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5733

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Joseph Litam

Mailing Address 5408 N. 1st

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5608

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Joseph Litam		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 5408 N. 1st		Transaction ID: SA11A1.5734	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) B. Alfredo Lopez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 7609 N. 24th Circle		Transaction ID: SA11A1.5609	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Alfredo Lopez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 7609 N. 24th Circle		Transaction ID: SA11A1.5735	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty field)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Julio Lopez

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 802.83

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5611

Amount of Each Receipt this Period
81.75

contribution

B. Full Name (Last, First, Middle Initial)
Julio Lopez

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 894.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5736

Amount of Each Receipt this Period
91.97

contribution

C. Full Name (Last, First, Middle Initial)
Salil Mangi

Mailing Address 3801 Sundown Court East

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5612

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	423.72
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Sali Mangi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 3801 Sundown Court East		Transaction ID: SA11A1.5737
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Carlos Manrique		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 116 Cardinal		Transaction ID: SA11A1.5613
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Carlos Manrique		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 116 Cardinal		Transaction ID: SA11A1.5738
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Guillermo Marquez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1702 Trinity Road		Transaction ID: SA11A1.5614
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Guillermo Marquez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1702 Trinity Road		Transaction ID: SA11A1.5740
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Agustin Martinez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 7603 N. 2nd Lane		Transaction ID: SA11A1.5615
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Agustin Martinez		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 7603 N. 2nd Lane		Transaction ID: SA11A1.5741
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Ricardo Martinez		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address 1903 W. Smith		Transaction ID: SA11A1.5616
City edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Ricardo Martinez		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 1903 W. Smith		Transaction ID: SA11A1.5742
City edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Santos Martinez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 125 East Yucca		Transaction ID: SA11A1.5618
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Santos Martinez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 125 East Yucca		Transaction ID: SA11A1.5743
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pedro McDougal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1516 Iris		Transaction ID: SA11A1.5619
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u> FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5744 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	9	/	2	0	0	6														
250.00																							
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																				
3000.00																							

B. Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u> FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5620 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	3	/	2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	3	/	2	0	0	6														
250.00																							
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																				
2500.00																							

C. Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u> FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5745 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	9	/	2	0	0	6														
250.00																							
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2750.00</td> </tr> </table>	2750.00																				
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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Manuel Mercado		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3002 Santa Susana		Transaction ID: SA11A1.5621	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 247.11
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2316.83		

Full Name (Last, First, Middle Initial) B. Manuel Mercado		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 3002 Santa Susana		Transaction ID: SA11A1.5746	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2566.83		

Full Name (Last, First, Middle Initial) C. Carlos Mohamed		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 5408 N. Cynthia		Transaction ID: SA11A1.5622	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

SUBTOTAL of Receipts This Page (optional) ▶	747.11
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5747

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5623

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5748

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 58 / 88
--	--	--------------

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1279.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5624

Amount of Each Receipt this Period
130.32

contribution

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

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1426.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5749

Amount of Each Receipt this Period
146.61

contribution

C. Full Name (Last, First, Middle Initial)
Gregoris Nunez

Mailing Address 1604 East Eight suite b

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1146.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5625

Amount of Each Receipt this Period
116.79

contribution

SUBTOTAL of Receipts This Page (optional)	▶	393.72
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gregoris Nunez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1604 East Eight suite b		Transaction ID: SA11A1.5750
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 131.39
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1278.29	

Full Name (Last, First, Middle Initial) B. Juan Ortiz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 4501 N. Cynthia		Transaction ID: SA11A1.5626
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Juan Ortiz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 4501 N. Cynthia		Transaction ID: SA11A1.5751
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

SUBTOTAL of Receipts This Page (optional)	631.39
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Armando Osio		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address 600 Tulip		Transaction ID: SA11A1.5627
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Armando Osio		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 600 Tulip		Transaction ID: SA11A1.5752
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Fernando Otero		Date of Receipt MM / DD / YYYY 10 / 13 / 2006
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11A1.5628
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11A1.5753
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2305 Red River		Transaction ID: SA11A1.5629
City State Zip Code mcallen TX 78572	Amount of Each Receipt this Period 247.11	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2316.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2305 Red River		Transaction ID: SA11A1.5754
City State Zip Code mcallen TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2566.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	747.11
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Prakash Palimar		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 121 Canary		Transaction ID: SA11A1.5630
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Prakash Palimar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 121 Canary		Transaction ID: SA11A1.5755
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Umesh Pathak		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2004 Alexander Drive		Transaction ID: SA11A1.5631
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 116.79	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1146.90	

SUBTOTAL of Receipts This Page (optional) ▶	616.79
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Umesh Pathak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2004 Alexander Drive		Transaction ID: SA11A1.5756	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 131.39
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1278.29		

Full Name (Last, First, Middle Initial) B. Jose Pena		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 100 Bluebird		Transaction ID: SA11A1.5632	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed		Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Jose Pena		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 100 Bluebird		Transaction ID: SA11A1.5757	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed		Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

SUBTOTAL of Receipts This Page (optional) ▶	631.39
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Juan Pena		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 905 S. Huisache Court		Transaction ID: SA11A1.5633	
City State Zip Code pharr TX 78577	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Juan Pena		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 905 S. Huisache Court		Transaction ID: SA11A1.5758	
City State Zip Code pharr TX 78577	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 2750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ernie Perez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 5360		Transaction ID: SA11A1.5759	
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 65.70		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 803.17		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	565.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City mcallen State TX Zip Code 78501 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5634 Amount of Each Receipt this Period 233.58 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2258.41	

B. Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City mcallen State TX Zip Code 78501 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5760 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2508.41	

C. Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5635 Amount of Each Receipt this Period 130.32 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1279.76	

SUBTOTAL of Receipts This Page (optional)	613.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Sergio Preciado		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 521 E. Bluebird		Transaction ID: SA11A1.5761
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 146.61	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1426.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sergio Ramirez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1608 Woods Drive		Transaction ID: SA11A1.5636
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sergio Ramirez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1608 Woods Drive		Transaction ID: SA11A1.5762
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	646.61
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1301 S. Perking		Transaction ID: SA11A1.5637	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physicain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

B. Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1301 S. Perking		Transaction ID: SA11A1.5763	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physicain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

C. Full Name (Last, First, Middle Initial) R.V. Reddy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1500 Southland Drive		Transaction ID: SA11A1.5638	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2364.61		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2614.61

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5764

Amount of Each Receipt this Period
 250.00

contribution

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

Mailing Address 120 Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5639

Amount of Each Receipt this Period
 250.00

contribution

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

Mailing Address 120 Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5765

Amount of Each Receipt this Period
 250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. William Restrepo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1117 S. Cynthia		Transaction ID: SA11A1.5640
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. William Restrepo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 1117 S. Cynthia		Transaction ID: SA11A1.5766
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3250.00	

Full Name (Last, First, Middle Initial) C. Homero Rivas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 100 E. Houston		Transaction ID: SA11A1.5641
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Homero Rivas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 100 E. Houston		Transaction ID: SA11A1.5767	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) B. Benjamin Robalino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1217 S. Cynthia		Transaction ID: SA11A1.5642	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physcian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Benjamin Robalino		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1217 S. Cynthia		Transaction ID: SA11A1.5768	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physcian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Encarnacion Rodriguez Mailing Address 24275 F.M. 490		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5644
City State Zip Code edinburg TX 78541		Amount of Each Receipt this Period 58.39 contribution
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed Occupation selfemployed physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 573.44		

B. Full Name (Last, First, Middle Initial) Encarnacion Rodriguez Mailing Address 24275 F.M. 490		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5769
City State Zip Code edinburg TX 78541		Amount of Each Receipt this Period 65.69 contribution
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed Occupation selfemployed physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 639.13		

C. Full Name (Last, First, Middle Initial) Jose Rodriguez Mailing Address 8500 N. Taylor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5643
City State Zip Code mcallen TX 78504		Amount of Each Receipt this Period 250.00 contribution
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed Occupation selfemployed physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	374.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Rodriguez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 8500 N. Taylor		Transaction ID: SA11A1.5770
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paulette Saca		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 109 Condor		Transaction ID: SA11A1.5645
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paulette Saca		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 109 Condor		Transaction ID: SA11A1.5771
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5647

Amount of Each Receipt this Period
 250.00

contribution

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5773

Amount of Each Receipt this Period
 250.00

contribution

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

Mailing Address 2400 S.E. Augusta Square

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5646

Amount of Each Receipt this Period
 250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5772

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City State Zip Code
mcallen TX 78503

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5605

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City State Zip Code
mcallen TX 78503

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5731

Amount of Each Receipt this Period
250.00

contribution

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mariano Salinas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2007 Brazos Court		Transaction ID: SA11A1.5648
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2500.00	

Full Name (Last, First, Middle Initial) B. Mariano Salinas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2007 Brazos Court		Transaction ID: SA11A1.5774
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2750.00	

Full Name (Last, First, Middle Initial) C. Manuel Sanchez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2804 Santa Lydia		Transaction ID: SA11A1.5649
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Manuel Sanchez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2804 Santa Lydia		Transaction ID: SA11A1.5775	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) B. Michael Seiba		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address P. O. Box 4556		Transaction ID: SA11A1.5650	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Michael Seiba		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address P. O. Box 4556		Transaction ID: SA11A1.5776	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. John Sharp		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address P. O.Box 236		Transaction ID: SA11A1.5651	
City austin	State TX	Zip Code 78767	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 2500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Sharp		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address P. O.Box 236		Transaction ID: SA11A1.5777	
City austin	State TX	Zip Code 78767	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 2750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tawhid Shuaib		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4000 Burns Drive		Transaction ID: SA11A1.5652	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 2709.98	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Tawhid Shuaib		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 4000 Burns Drive		Transaction ID: SA11A1.5778	
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 2959.98	

Full Name (Last, First, Middle Initial) B. Dennis Slavin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1501 S. Oklahoma		Transaction ID: SA11A1.5653	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 233.58		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 2288.99	

Full Name (Last, First, Middle Initial) C. Dennis Slavin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1501 S. Oklahoma		Transaction ID: SA11A1.5779	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 2538.99	

SUBTOTAL of Receipts This Page (optional) ▶	733.58
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Trejo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 112 S. Broadway		Transaction ID: SA11A1.5654
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Trejo		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 112 S. Broadway		Transaction ID: SA11A1.5780
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Juan Trevino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 205 E. Toronto		Transaction ID: SA11A1.5655
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Juan Trevino Mailing Address 205 E. Toronto City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5781 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	6	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	9	/	2	0	0	6														
50.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>550.00</td> </tr> </table>		550.00																					
550.00																							

B. Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City <u>mcallen</u> State <u>TX</u> Zip Code <u>78504</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5656 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	3	/	2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	3	/	2	0	0	6														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																					
2500.00																							

C. Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City <u>mcallen</u> State <u>TX</u> Zip Code <u>78504</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5782 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	9	/	2	0	0	6														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2750.00</td> </tr> </table>		2750.00																					
2750.00																							

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2403 El Encino Drive		Transaction ID: SA11A1.5657
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 2403 El Encino Drive		Transaction ID: SA11A1.5783
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Vasquez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.5658
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Vasquez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.5784	
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) B. Ramiro Verdoreen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 301 E. Newport		Transaction ID: SA11A1.5659	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Ramiro Verdoreen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 301 E. Newport		Transaction ID: SA11A1.5785	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Carlos Villalta		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 1632		Transaction ID: SA11A1.5660
City State Zip Code mission TX 78573	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carlos Villalta		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address P. O. Box 1632		Transaction ID: SA11A1.5786
City State Zip Code mission TX 78573	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rita Villanueva		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11A1.5661
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 142.85	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1723.91	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	392.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11A1.5787
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 160.71	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1884.62	

B. Full Name (Last, First, Middle Initial) Carlos Villarreal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 24275 FM 490		Transaction ID: SA11A1.5662
City edinburg State TX Zip Code 78541	Amount of Each Receipt this Period 175.18	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1720.32	

C. Full Name (Last, First, Middle Initial) Carlos Villarreal		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 24275 FM 490		Transaction ID: SA11A1.5788
City edinburg State TX Zip Code 78541	Amount of Each Receipt this Period 197.08	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1917.40	

SUBTOTAL of Receipts This Page (optional) ▶	532.97
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Victor Villarreal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 901 W. Moore		Transaction ID: SA11A1.5663	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 116.79
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.42		

Full Name (Last, First, Middle Initial) B. Victor Villarreal		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 901 W. Moore		Transaction ID: SA11A1.5789	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 131.39
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1015.81		

Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11A1.5664	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	498.18
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11A1.5790	
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

B. Full Name (Last, First, Middle Initial) James Webb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 312 Redbud		Transaction ID: SA11A1.5665	
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 92.70		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 939.25		

C. Full Name (Last, First, Middle Initial) James Webb		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 312 Redbud		Transaction ID: SA11A1.5791	
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 104.29		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1043.54		

SUBTOTAL of Receipts This Page (optional) ▶	446.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5666 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.5792 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

C. Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5667 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 88 / 88	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt

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

Transaction ID: SA11A1.5793

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	54732.25