

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) ▼

612 W. Nolana Suite 340

☐ Check if different than previously reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Ernie Perez

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		687101.24
(b) Cash on Hand at Beginning of Reporting Period.....	678547.08	
(c) Total Receipts (from Line 19)	128320.69	392415.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	806867.77	1079516.99
7. Total Disbursements (from Line 31)	114113.36	386762.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	692754.41	692754.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

124137.73

344027.29

(ii) Unitemized

4182.96

43388.46

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

128320.69

387415.75

(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)

128320.69

387415.75

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (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))..... ▶

128320.69

392415.75

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

128320.69

392415.75

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	29113.36	152896.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	29113.36	152896.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	190000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	10000.00	43866.14
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	114113.36	386762.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	114113.36	386762.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	128320.69	387415.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	128320.69	387415.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	29113.36	152896.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	29113.36	152896.44

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26553

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26897

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27304

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27305

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 hertiage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26555

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26899

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27306

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26556

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.26900

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27307

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26557

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26901

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27308

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26558

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26902

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC 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
09 / 12 / 2014

Transaction ID : SA11AI.27309

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27311

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26562

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26905

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27312

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26563

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

575.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26906

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27313

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Alex Ambriz

Mailing Address 15253 Heather

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27314

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26565

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26908

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27315

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	4		

Transaction ID : SA11AI.26566

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	4		

Transaction ID : SA11AI.26909

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID : SA11AI.27316

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26567

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.26910

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27317

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26568

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26911

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27318

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26569

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.26912

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27319

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26571

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26914

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27321

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26572

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26915

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27322

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26573

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26916

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27323

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26574

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26917

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27324

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wady Aude Aude

Mailing Address 1001 E. Fern #E

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27325

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26576

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26919

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27326

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

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 ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26577

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

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 ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26920

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27327

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto A. Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26578

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Roberto A. Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26921

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27328

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26579

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26922

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27329

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26580

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26923

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27330

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26581

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26924

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27331

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26582

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26925

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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

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
09 / 12 / 2014

Transaction ID : SA11AI.27332

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26584

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26927

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27334

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26585

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26928

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27335

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26586

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26929

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

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
09 / 12 / 2014

Transaction ID : SA11AI.27336

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26587

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26930

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

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 Y
09 / 12 / 2014

Transaction ID : SA11AI.27337

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26588

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26931

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.27338

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26589

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26932

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27339

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26591

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26934

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27341

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Canales

Mailing Address 408 Marigold

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26592

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Canales

Mailing Address 408 Marigold

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.26935

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Canales

Mailing Address 408 Marigold

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27342

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
 Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27343

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26594

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26937

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27344

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Mr. David Cantu

Mailing Address 2409 Kiwi

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26595

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

830.00

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

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Cantu

Mailing Address 2409 Kiwi

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26938

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. David Cantu

Mailing Address 2409 Kiwi

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27345

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26596

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	4

Transaction ID : SA11AI.26939

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11AI.27346

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	4

Transaction ID : SA11AI.26597

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26940

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27347

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26599

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26942

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27349

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26600

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26943

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27350

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marissa Castaneda

Mailing Address 5021

Elk Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26602

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26944

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27351

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rogelio Castillo

Mailing Address 2704 E. 20th Street

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27352

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26604

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.26946

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27353

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26605

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26947

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27354

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26606

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26948

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27355

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26607

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.26949

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27356

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26608

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.26950

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27357

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26610

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26952

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27359

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26611

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26953

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27360

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26612

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26954

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27361

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26613

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26955

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

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 Y
09 / 12 / 2014

Transaction ID : SA11AI.27362

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26614

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26956

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27363

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26615

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26957

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27364

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26616

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26958

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27365

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26617

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26959

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27366

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26618

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26960

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27367

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26621

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26963

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27370

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Parul Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26622

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Parul Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26964

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Parul Desai

Mailing Address 7004 North 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27371

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26623

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.26965

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27372

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26625

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26967

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27374

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27375

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26627

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26969

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

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 ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27376

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

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 ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26628

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

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 ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26970

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27377

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Johnny Estrellando

Mailing Address 2113 La Condesa Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27378

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City
rio grande city

State
TX

Zip Code
78582

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 ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26630

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.26972

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27379

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26631

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26973

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

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 Y
 09 12 2014

Transaction ID : SA11AI.27380

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26632

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26974

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27381

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26633

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26975

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

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 Y
09 / 12 / 2014

Transaction ID : SA11AI.27383

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
Edinburg TX 78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27385

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26636

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26978

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27386

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26637

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26979

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27387

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26638

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26980

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27388

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26639

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26981

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27389

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26642

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26984

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27392

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26644

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26986

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27394

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26645

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.26987

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27395

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Teresa Maria Garcia

Mailing Address 6001 N. 36th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27396

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

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 ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26647

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

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 ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26989

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27397

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27399

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26650

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

675.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26992

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27400

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Martin Garza

Mailing Address P.O. Box 180

City

Linn

State

TX

Zip Code

78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26651

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Martin Garza

Mailing Address P.O. Box 180

City

State

Zip Code

Linn

TX

78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26993

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Martin Garza

Mailing Address P.O. Box 180

City

State

Zip Code

Linn

TX

78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27401

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City

State

Zip Code

mcallen

TX

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26652

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26994

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27402

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City
Palmhurst

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26653

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

925.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26995

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27403

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26654

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.26996

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27404

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26655

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.26997

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27405

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26559

Amount of Each Receipt this Period

20.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

820.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.26999

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27406

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26657

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27001

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27408

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26658

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27002

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27409

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26659

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27003

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27410

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26660

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27004

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27411

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26661

Amount of Each Receipt this Period

35.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

435.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27005

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27412

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27415

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

95.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamoState
TXZip Code
78516FEC 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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26665

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamoState
TXZip Code
78516FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27009

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamoState
TXZip Code
78516FEC 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 ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27416

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

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

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

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(check only one)

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

Mailing Address 2305 Monaco Drive

City	State	Zip Code
mission	TX	78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.26667

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City	State	Zip Code
mission	TX	78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.27011

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City	State	Zip Code
mission	TX	78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : SA11AI.27418

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26668

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27012

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27419

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark Gonzalez

Mailing Address 2405 Dorado Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26669

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mark Gonzalez

Mailing Address 2405 Dorado Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27013

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Mark Gonzalez

Mailing Address 2405 Dorado Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27420

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26670

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27014

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. 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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27421

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26671

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27015

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27422

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26672

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27016

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27423

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7								1	1			2014

Transaction ID : SA11AI.26673

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8								1	5			2014

Transaction ID : SA11AI.27017

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								1	2			2014

Transaction ID : SA11AI.27424

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
 Mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26674

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
 Mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27018

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
 Mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27425

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26676

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27020

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27427

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sarada Gummadi

Mailing Address 4404 Santa Fabiola

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27428

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City State Zip Code
ednburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26678

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City State Zip Code
ednburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27022

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27429

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26679

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27023

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27430

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. 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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26680

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27024

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27431

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26681

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27025

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27432

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. 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 ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26682

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. 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 ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27026

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27433

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

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 ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26683

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26684

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27028

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27434

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27435

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27436

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26687

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27031

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27437

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26689

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27033

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27439

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26690

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27034

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27440

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26691

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27035

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27441

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26692

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27036

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

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
09 / 12 / 2014

Transaction ID : SA11AI.27442

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26693

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27037

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27443

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26694

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27038

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27444

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26695

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27039

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

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 ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27445

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fructuoso Irigoyen

Mailing Address 717 S. 'G' Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26696

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fructuoso Irigoyen

Mailing Address 717 S. 'G' Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27040

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fructueso Irigoyen

Mailing Address 717 S. 'G' Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27446

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Marina Jacobson

Mailing Address 1505 Doherty

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27447

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Dinesk Jain

Mailing Address 6208 N. Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26698

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dinesk Jain

Mailing Address 6208 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27042

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dinesk Jain

Mailing Address 6208 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27448

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26699

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27043

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27449

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26700

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27044

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27450

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27451

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26702

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.27046

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27452

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26703

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27047

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

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 Y
09 / 12 / 2014

Transaction ID : SA11AI.27453

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26704

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27048

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27454

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26705

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27049

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27455

Amount of Each Receipt this Period

40.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26706

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27050

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27456

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26707

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27051

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27457

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Kiker

Mailing Address 416 N. 17th Street

City	State	Zip Code
Donna	TX	78537

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	4

Transaction ID : SA11AI.26708

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. John Kiker

Mailing Address 416 N. 17th Street

City	State	Zip Code
Donna	TX	78537

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	4

Transaction ID : SA11AI.27052

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. John Kiker

Mailing Address 416 N. 17th Street

City	State	Zip Code
Donna	TX	78537

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11AI.27458

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26709

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27053

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27459

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26710

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27054

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27460

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26712

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. 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

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27058

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. 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

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27462

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26713

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27059

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27463

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27466

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27467

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
 austin TX 78703

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26719

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27064

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27468

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26720

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27065

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27469

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Segundo Lizardo

Mailing Address 800 Amethyst Drive

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 ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27470

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Nelson Loggiodice

Mailing Address 3098 N. Jackson Rd

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26723

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Nelson Loggiodice

Mailing Address 3098 N. Jackson Rd

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27068

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Nelson Loggiodice

Mailing Address 3098 N. Jackson Rd

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27472

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26725

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27069

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27474

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Julio Lopez

Mailing Address 1311 6th E. Street

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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26726

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Julio Lopez

Mailing Address 1311 6th E. Street

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 ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27070

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Julio Lopez

Mailing Address 1311 6th E. Street

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 ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27475

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Lopez

Mailing Address 305 Condor

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26727

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Lopez

Mailing Address 305 Condor

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27071

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Lopez

Mailing Address 305 Condor

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27476

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Pamela Lopez

Mailing Address 413 N. Gay Drive

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27477

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27478

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26731

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

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 ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27075

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

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 ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27480

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

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 ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26732

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

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 ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27076

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

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 ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27481

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26733

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27077

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27482

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26734

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27078

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27483

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26735

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27079

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27484

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26736

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27080

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27485

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26737

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27081

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27486

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26738

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27082

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27487

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26739

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27083

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27488

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27490

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26742

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27086

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27491

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26743

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27087

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27492

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26744

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27088

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27493

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26745

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27089

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27494

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26746

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27090

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27495

Amount of Each Receipt this Period

90.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

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 ▼

1750.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y
0	7			1	1		2	0	1	4

Transaction ID : SA11AI.26749

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

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 ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y
0	8			1	5		2	0	1	4

Transaction ID : SA11AI.27093

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Mercado

Mailing Address 3002 Santa Susana

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 ▼

2250.00

Date of Receipt

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

Transaction ID : SA11AI.27498

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26750

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

B. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27094

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

C. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27499

Amount of Each Receipt this Period

35.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26751

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27095

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27500

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26753

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27098

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27502

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samira T. Mohamed

Mailing Address 324 Heron

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26754

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samira T. Mohamed

Mailing Address 324 Heron

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27099

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samira T. Mohamed

Mailing Address 324 Heron

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27503

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Aparna Mohan

Mailing Address 7808 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26755

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Aparna Mohan

Mailing Address 7808 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27100

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Aparna Mohan

Mailing Address 7808 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27504

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26756

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27101

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27505

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26757

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27102

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27506

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Montanez

Mailing Address 100 S. W. Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26758

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Montanez

Mailing Address 100 S. W. Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27103

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Montanez

Mailing Address 100 S. W. Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27507

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26759

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27104

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27508

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26761

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. 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 ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.27106

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. 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 ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27511

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)..... ►

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. LeRoy Moreno

Mailing Address 6908 N. 31st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.43

Date of Receipt

M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27512

Amount of Each Receipt this Period

23.86

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Namitha Najaraj

Mailing Address 2605 San Lucas

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27513

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26764

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

98.86

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27109

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27514

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26765

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27110

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27515

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

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 ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26766

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27111

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27516

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Jessica Ochoa

Mailing Address 1920 Treasure Oak Drive

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27517

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26768

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27113

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27518

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26769

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27114

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27519

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26770

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27115

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27520

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26771

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27116

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27521

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26772

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27117

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27522

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Ortiz

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26774

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Ortiz

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27119

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Ortiz

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27524

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26775

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27120

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27525

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26776

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27121

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27526

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26777

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27122

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27527

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26778

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Kip Owen

Mailing Address 2305 Red River

City
mcallen

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 ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27123

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City
mcallen

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 ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27528

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Juan Padilla

Mailing Address p.o. box 3702

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27529

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26780

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27125

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27530

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26781

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27126

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27531

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26782

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27127

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27532

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Pean

Mailing Address 700

Brazos

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26783

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Harold J. Pean

Mailing Address 700

Brazos

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27128

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27533

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26784

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27129

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27534

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26785

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27130

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27535

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26786

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27131

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27536

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26787

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27132

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27537

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26788

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27133

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27538

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City

State

Zip Code

Weslaco

TX

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26789

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City

State

Zip Code

Weslaco

TX

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27134

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27539

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26790

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27135

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

400.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27540

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27541

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26792

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27137

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27542

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26793

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27138

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27543

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26794

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City State Zip Code
 Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27139

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City State Zip Code
 Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27544

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26795

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27140

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27545

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Francisco Pina

Mailing Address 129 E. Jones

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27546

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

825.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27547

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26798

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27143

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27548

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Prieto-Harris

Mailing Address 7516 N. 3rd

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26799

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Prieto-Harris

Mailing Address 7516 N. 3rd

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27144

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Prieto-Harris

Mailing Address 7516 N. 3rd

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27549

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Rosalba E. Puente

Mailing Address 1701 N. Ebony

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27550

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Tin Quach

Mailing Address 100 E. Zenaida

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

287.21

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26801

Amount of Each Receipt this Period

41.03

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

116.03

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Tin Quach

Mailing Address 100 E. Zenaida

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.88

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27146

Amount of Each Receipt this Period

42.67

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Tin Quach

Mailing Address 100 E. Zenaida

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.55

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27551

Amount of Each Receipt this Period

42.67

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26802

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.34

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27147

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27552

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26804

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27149

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27554

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26805

Amount of Each Receipt this Period

40.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

240.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27150

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27555

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26806

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

330.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27151

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27556

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26807

Amount of Each Receipt this Period

300.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27152

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27557

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26808

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27153

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City State Zip Code
McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.27558

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27560

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27561

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26812

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27157

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Shahid Rashid

Mailing Address 112 Canary

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27562

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26813

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27158

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27563

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26814

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

c. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27159

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vangala Reddy

Mailing Address 605 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27564

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27565

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26816

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

475.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27161

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

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
 09 12 2014

Transaction ID : SA11AI.27566

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26817

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27162

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27567

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26818

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27163

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

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 ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27568

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26819

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27164

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27569

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26820

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27165

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27570

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
 Santa Rosa TX 78593

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26821

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27166

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27571

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26823

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27168

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27573

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Edgar Rodriquez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26825

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Rodriquez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27170

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Rodriquez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27575

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26827

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27172

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

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 ▼

1350.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27577

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26828

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27173

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27578

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26830

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27175

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27580

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26831

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27176

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27581

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26832

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27177

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27582

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26833

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27178

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27583

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26834

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

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 ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27179

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

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 ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27584

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26835

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27180

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27585

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26836

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27181

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

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 ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27586

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26837

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mariano Salinas

Mailing Address 2203 Red River

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27182

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mariano Salinas

Mailing Address 2203 Red River

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27587

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26838

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

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 Y
08 / 15 / 2014

Transaction ID : SA11AI.27183

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27588

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City

State

Zip Code

mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26839

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Sanchez

Mailing Address 2804 Santa Lydia

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27184

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Sanchez

Mailing Address 2804 Santa Lydia

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27589

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26840

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27185

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27590

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Oscar Sandoval

Mailing Address 8727 N. Campana Lane

City

Edcouch

State

TX

Zip Code

78538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.27591

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26842

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27188

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 19 / 2014

Transaction ID : SA11AI.27592

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26843

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27189

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27593

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26844

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27190

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27595

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26846

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27192

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27597

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26847

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27193

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27598

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marish Singh

Mailing Address 3521 South M Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26849

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marish Singh

Mailing Address 3521 South M Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27195

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Marish Singh

Mailing Address 3521 South M Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27600

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26850

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27196

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27601

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hilda Solis

Mailing Address P.O.Box 3302

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27602

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26852

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27198

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
 Mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11AI.27603

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : SA11AI.26853

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.27199

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

950.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27604

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nanjappa Sreenivas

Mailing Address 2610 Emerald Lake Drive

City State Zip Code
Harlingen TX 78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27606

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27607

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26857

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27203

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27608

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wilson Sy

Mailing Address 6724 N.Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27609

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Norma Tehran

Mailing Address 1616 Oaks Road

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27610

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26860

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27206

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27611

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jimmy Tiu

Mailing Address 7700 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27613

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26863

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27209

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27614

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26865

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27211

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27617

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26866

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27212

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27618

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26867

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27213

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27619

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26868

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27214

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27620

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26869

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27215

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27621

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26870

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27216

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27622

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ravindra Veeramachaneni

Mailing Address 4404 Santa Fabiola

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27623

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26873

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27241

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City State Zip Code
Mission TX 78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27625

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26874

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27219

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

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 ▼

2250.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27626

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

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 ▼

2800.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26878

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

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 ▼

3200.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27222

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27629

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26880

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27224

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 255 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Villalta

Mailing Address P. O. Box 1632

City	State	Zip Code
mission	TX	78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID : SA11AI.27631

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	4

Transaction ID : SA11AI.26881

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	4

Transaction ID : SA11AI.27225

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

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

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

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

FOR LINE NUMBER: PAGE 256 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : SA11AI.27632

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villarreal

Mailing Address 24275 FM 490

City	State	Zip Code
edenburg	TX	78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : SA11AI.27633

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City	State	Zip Code
pharr	TX	78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.26883

Amount of Each Receipt this Period

90.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

165.00

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

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

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

FOR LINE NUMBER: PAGE 257 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 15 2014

Transaction ID : SA11AI.27227

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2014

Transaction ID : SA11AI.27634

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

C. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2014

Transaction ID : SA11AI.26884

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27228

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27635

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26885

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27229

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27636

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26886

Amount of Each Receipt this Period

62.50

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

562.50

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Webb

Mailing Address 312 Redbud

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 15 2014

Transaction ID : SA11AI.27230

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2014

Transaction ID : SA11AI.27637

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 11 2014

Transaction ID : SA11AI.26887

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

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

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

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

FOR LINE NUMBER: PAGE 261 OF 285

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27231

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27638

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Teresa Wilson

Mailing Address 1520 Xanthisma

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26889

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

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

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

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

FOR LINE NUMBER: PAGE 262 OF 285

(check only one)

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Teresa Wilson

Mailing Address 1520 Xanthisma

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.27233

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Teresa Wilson

Mailing Address 1520 Xanthisma

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : SA11AI.27640

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Sandra Yanez

Mailing Address 106 S. Alton Blvd

City	State	Zip Code
Alton	TX	78573

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : SA11AI.27642

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26892

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27236

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27643

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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

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

FOR LINE NUMBER: PAGE 264 OF 285

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26893

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27237

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC 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 M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27644

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.26894

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. 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 ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.27238

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27645

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Livania Zavala-Spinetti

Mailing Address 109 E Cornell

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 12 / 2014

Transaction ID : SA11AI.27646

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 11 / 2014

Transaction ID : SA11AI.26896

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.27240

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.27647

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

124137.73

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ATT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Mailing Address P.O. Box 930170

City	State	Zip Code
Dallas	TX	75393

Transaction ID : SB21B.27270Purpose of Disbursement
telephone land lines

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

252.70

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2014

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Transaction ID : SB21B.27248Purpose of Disbursement
contract services - salary expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

788.02

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Transaction ID : SB21B.27253Purpose of Disbursement
contract services - salary expenditure

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

838.88

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1879.60

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SB21B.27259

Amount of Each Disbursement this Period

711.74

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB21B.27264

Amount of Each Disbursement this Period

711.73

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : SB21B.27273

Amount of Each Disbursement this Period

711.74

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2135.21

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
09D D D /
19Y Y Y Y Y
2014**Transaction ID : SB21B.27288**

Amount of Each Disbursement this Period

838.87

Full Name (Last, First, Middle Initial)

B. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City

Edinburg

State

TX

Zip Code

78539

Purpose of Disbursement

contract labor

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
07D D D /
11Y Y Y Y Y
2014**Transaction ID : SB21B.27249**

Amount of Each Disbursement this Period

805.93

Full Name (Last, First, Middle Initial)

C. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City

Edinburg

State

TX

Zip Code

78539

Purpose of Disbursement

contract labor

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
07D D D /
25Y Y Y Y Y
2014**Transaction ID : SB21B.27254**

Amount of Each Disbursement this Period

805.93

SUBTOTAL of Disbursements This Page (optional)..... ►

2450.73

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City	State	Zip Code
Edinburg	TX	78539

Purpose of Disbursement
contract labor

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SB21B.27290

Amount of Each Disbursement this Period

967.06

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : SB21B.27247

Amount of Each Disbursement this Period

393.43

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : SB21B.27256

Amount of Each Disbursement this Period

1535.35

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2895.84

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 27 2014
Transaction ID : SB21B.27265

Amount of Each Disbursement this Period

1408.84

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 22 2014
Transaction ID : SB21B.27291

Amount of Each Disbursement this Period

1689.45

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 11 2014
Transaction ID : SB21B.27250

Amount of Each Disbursement this Period

1366.72

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4465.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : SB21B.27255

Amount of Each Disbursement this Period

1366.72

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 08 2014
Transaction ID : SB21B.27261

Amount of Each Disbursement this Period

1366.72

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 22 2014
Transaction ID : SB21B.27262

Amount of Each Disbursement this Period

1366.73

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4100.17

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

BORDER HEALTH FEDERAL PAC

Age Group	Percentage
18-24	1619.74
25-34	~15%
35-44	~15%
45-54	~15%
55-64	~15%
65-74	~15%
75-84	~15%
85+	~15%

Age Group	Number of People
18-24	1619.75
25-34	1450.00
35-44	1300.00
45-54	1150.00
55-64	1000.00
65-74	850.00
75-84	700.00
85+	550.00

204.57

3444.06

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

PAGE 276 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : SB21B.27252

Amount of Each Disbursement this Period

34.64

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

Transaction ID : SB21B.27266

Amount of Each Disbursement this Period

50.06

Full Name (Last, First, Middle Initial)

C. Peppers

Mailing Address 4620 North 10th Street

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
meeting/dinner for pac membership/guests

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Transaction ID : SB21B.27251

Amount of Each Disbursement this Period

2212.31

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2297.01

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

PAGE 277 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Peppers

Mailing Address 4620 North 10th Street

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

meeting/dinner for pac membership/guests

003

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
09D D D /
23Y Y Y Y Y Y
2014**Transaction ID : SB21B.27298**

Amount of Each Disbursement this Period

1385.10

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

legal fees

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
09D D D /
12Y Y Y Y Y Y
2014**Transaction ID : SB21B.27280**

Amount of Each Disbursement this Period

110.00

Full Name (Last, First, Middle Initial)

C. Water Tower Village

Mailing Address 52211 N. McColl Road

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

office lease expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
09D D D /
05Y Y Y Y Y Y
2014**Transaction ID : SB21B.27272**

Amount of Each Disbursement this Period

1331.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2826.35

28911.77

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

PAGE 278 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEEMailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
contribution

Candidate Name

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Transaction ID : SB23.27279

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. EGGMAN FOR CONGRESS 2014Mailing Address 3220 WEST MONTE VISTA AVENUE
#169

City TURLOCK State CA Zip Code 95380

Purpose of Disbursement
contribution

Candidate Name

MICHAEL RAY EGGMAN

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : SB23.27285

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
contribution

Candidate Name

FRANK JR PALLONE

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : SB23.27302

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

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

PAGE 279 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. PETERSON FOR CONGRESS

Mailing Address 26192 FLOYD LAKE POINT ROAD

City DETROIT LAKES	State MN	Zip Code 56502
-----------------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

COLLIN CLARK PETERSONCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SB23.27296

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RENTERIA, AMANDA

Mailing Address PO BOX 655

City SANGER	State CA	Zip Code 93657
----------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

AMANDA RENTERIACategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : SB23.27278

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RICHMOND FOR CONGRESSMailing Address 1631 ELYSIAN FIELDS
SUITE 150

City NEW ORLEANS	State LA	Zip Code 70126
---------------------	-------------	-------------------

Purpose of Disbursement
contribution

011

Candidate Name

CEDRIC L RICHMONDCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB23.27283

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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

PAGE 280 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ROUNDS FOR SENATE

Mailing Address PO BOX 250

City	State	Zip Code
PIERRE	SD	57501

Purpose of Disbursement
contribution

011

Candidate Name

MARION MICHAEL ROUNDSCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2014

Transaction ID : SB23.27258

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SECURE PAC

Mailing Address P.O. BOX 675

City	State	Zip Code
BOLTON	MS	39041

Purpose of Disbursement
contribution

011

Candidate Name

SECURE PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SB23.27293

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SHORE PAC

Mailing Address P.O. BOX 3157

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement
contribution

011

Candidate Name

SHORE PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SB23.27303

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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

PAGE 281 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. THOMPSON, BENNIE G.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Mailing Address P.O. Box 100

City	State	Zip Code
Bolton	MS	39041

Transaction ID : SB23.27297Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

BENNIE G. THOMPSONCategory/
Type

5000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 02

Full Name (Last, First, Middle Initial)

B. VALLEY POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Mailing Address P.O. BOX 77693

City	State	Zip Code
WASHINGTON	DC	20013

Transaction ID : SB23.27299Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

VALLEY POLITICAL ACTION COMMITTEECategory/
Type

5000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MARC ALLISON VEASEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Mailing Address PO BOX 50084

City	State	Zip Code
FORT WORTH	TX	76105

Transaction ID : SB23.27276Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

MARC ALLISON VEASEYCategory/
Type

5000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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

BORDER HEALTH FEDERAL PAC

A. WHO DAT PAC

Mailing Address 499 SOUTH CAPITOL STREET, SW
SUITE 422

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement	contribution

011

Category/
Type

Candidate Name _____

WHO DAT PAC

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Transaction ID : SB23.27284

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5000.00

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

75000.00

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

PAGE 283 OF 285

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. The Robert Menendez Legal Expense Trust

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2014

Mailing Address 1100 Valley Brook Avenue

City	State	Zip Code
Lyndhurst	NJ	07071

Purpose of Disbursement
donation

012

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB29.27287

Amount of Each Disbursement this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

10000.00

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

PAGE 284 OF 285

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1800.00

2) **TOTALS** This Period (last page this line number only)..... ►

1800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1800.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SD10
Transaction ID : SD10.9553

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

Form/Schedule: SD10
Transaction ID: SD10.10053

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