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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

r Grani GA	or Other Than An Authorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, over the lines.	type 12FE4M5
BORDER HEALTH FE	DERAL PAC	
ADDRESS (number and street)	612 W. Nolana Suite 340	
Check if different than previously reported. (ACC)	McAllen	TX 78504 -
2. FEC IDENTIFICATION NU	MBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00415752	3. IS THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q July 15 Quarterly Report (Q X October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	Report Due On:  Mar 20 (M3)  Jun  Apr 20 (M4)  Jul 2  (c) 12-Day PRE-Election Report for the:  Convention (120)  Bleection on  Convention (120)	20 (M5)
5. Covering Period 07	01 2014 through	09 30 / 2014
I certify that I have examined thi Type or Print Name of Treasurer	s Report and to the best of my knowledge and believer Ernie Perez	ef it is true, correct and complete.
Signature of Treasurer $\frac{Ernie}{}$		[ed] Date 10 / 15 / 2014
NOTE: Submission of false, errone	ous, or incomplete information may subject the person	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

Γ	FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Wr	ite or Type Committee Name		
В	ORDER HEALTH FEDERAL PA	AC	
Re	port Covering the Period: From:	07 01 / Y Y Y Y Y Y T T T T T T T T T T T T T	: 09 30 / Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  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
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	692754.41	692754.41
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
	This committee has qualified as a mult	ticandidate 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)

Write or Type Committee Name

#### BORDER HEALTH FEDERAL PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	ontributions (other than loans) From:		
(a	) Individuals/Persons Other		
	Than Political Committees	104407.70	244027.00
	(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
(h	Political Party Committees	0.00	0.00
(b			
(0	(such as PACs)	0.00	0.00
(d		7	
, ω	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	128320.69	387415.75
. Tr	ansfers From Affiliated/Other		
Pa	arty Committees	0.00	0.00
. AI	Loans Received	0.00	0.00
, , ,	250.0 1000150		
. Lo	an Repayments Received	0.00	0.00
	fsets To Operating Expenditures	7	7
	efunds, Rebates, etc.)		
	arry Totals to Line 37, page 5)	0.00	0.00
	efunds of Contributions Made	7	
to	Federal Candidates and Other		
Р	olitical Committees	0.00	5000.00
. O	her Federal Receipts		
(D	ividends, Interest, etc.)	0.00	0.00
. Tr	ansfers from Non-Federal and Levin Funds		
(a	Non-Federal Account		
	(from Schedule H3)	0.00	0.00
		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

#### **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
1. C	Operating Expenditures:  a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calcinal Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Share		
	(ii) Non-Federal Share	0.00	0.00
(1	o) Other Federal Operating		
	Expenditures	29113.36	152896.44
(0	c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii), and (b))▶	29113.36	152896.44
	ransfers to Affiliated/Other Party	0.00	0.00
C	committees	0.00	0.00
а	deral Candidates/Committees of Other Political Committees	75000.00	190000.00
	ndependent Expenditures	0.00	0.00
	use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
(1	use Scriedule F)	9 9	0.00
ı	oan Repayments Made	0.00	0.00
	an Hopa, mane made minimum		
L	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other		
(,	Than Political Committees	0.00	0.00
	Ī		
(1	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(	d) Total Contribution Refunds		
('	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(add Eiriob 20(a), (b), and (0),		7 7
C	Other Disbursements	10000.00	43866.14
	L	7	7 7
F	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(") III - 1 II OI - 1	0.00	0.00
/1	(ii) "Levin" Share	0.00	7
(1	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
((	c) Total Federal Election Activity (add		7 7
(,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	(17)	7	
Т	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	114113.36	386762.58
	L	7	
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		22277
fr	rom Line 31)	114113.36	386762.58

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	128320.69	387415.75
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	128320.69	387415.75
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	29113.36	152896.44
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	29113.36	152896.44

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

FOR LINE NUMBER:						PAGE	•	6	OF	4	285
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	6		17

or for commercial purposes, other than using the	ne 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)  Dr. Ziad Abdeen  Mailing Address 809-A Savannah #3  City	Dr. Ziad Abdeen  Mailing Address 809-A Savannah #3					
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General  Other (specify) ▼	TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  875.00	Amount of Each Receipt this Period  125.00  contribution				
Full Name (Last, First, Middle Initial)  Dr. Ziad Abdeen  Mailing Address 809-A Savannah #3  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Full Name (Last, First, Middle Initial)  Dr. Ziad Abdeen  Mailing Address 809-A Savannah #3  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  M M / D D / 2014  Transaction ID: SA11Al.27304  Amount of Each Receipt this Period  125.00  contribution				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	375.00				
TOTAL This Period (last page this line number	r only)					

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

FOR	PAGE	Ξ	7	OF		285				
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X	11a	11b		11c		12	!			
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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial)  Mr. Riad Aboujamous  Mailing Address 1217 Fullerton	Mr. Riad Aboujamous					
City McAllen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27305  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	25.00				
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name (Last, First, Middle Initial)  Charity Abreu  Mailing Address 1619 hertiage lane		Date of Receipt				
City mission	State Zip Code TX 78572	07 11 2014  Transaction ID : SA11AI.26555  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00					
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt				
Mailing Address 1619 hertiage lane	0	08 15 / Y = Y = Y = Y				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.26899  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	. contribution				
SUBTOTAL of Receipts This Page (optional).		525.00				
TOTAL This Period (last page this line number	er only)					

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

FOR LINE NUMBER:					PAGE		8	OF		285	
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial)  Charity Abreu  Mailing Address 1619 hertiage lane	Charity Abreu					
City mission	State Zip Code TX 78572	09 12 2014  Transaction ID : SA11AI.27306  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- contribution				
Full Name (Last, First, Middle Initial)  Ricardo Abreu  Mailing Address 200  E. Xenops	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200					
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26556  Amount of Each Receipt this Period  150.00  contribution				
Name of Employer Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1050.00					
Full Name (Last, First, Middle Initial)  Ricardo Abreu  Mailing Address 200  E. Xenops  City  McAllen	State Zip Code TX 78504	Date of Receipt  08  15  2014  Transaction ID : SA11AI.26900  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.  Name of Employer Self employed Receipt For:	Occupation physician  Aggregate Year-to-Date	Amount of Each Receipt this Period  150.00  contribution				
Primary	1200.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	550.00				
TOTAL This Period (last page this line number	er only)					

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

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Ricardo Abreu  Mailing Address 200  E. Xenops  City  McAllen	State Zip Code TX 78504	Date of Receipt  09 12 2014  Transaction ID : SA11AI.27307  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  1350.00	150.00 contribution
Full Name (Last, First, Middle Initial)  Ruben Abreu  Mailing Address 104 augusta square  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26557
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Ruben Abreu  Mailing Address 104 augusta square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For: Primary Other (specify)   General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 10 OF 285 Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial)  A. Ruben Abreu  Mailing Address 104 augusta square	Ruben Abreu			
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78503  C Occupation	09 12 2014  Transaction ID : SA11AI.27308  Amount of Each Receipt this Period  250.00  contribution		
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage	State Zin Code	Date of Receipt  07 11 2014		
City Pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.26558  Amount of Each Receipt this Period  250.00		
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution		
Full Name (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage  City	State Zip Code	Date of Receipt    M = M		
Pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period  250.00  contribution		
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00			
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00		
TOTAL This Period (last page this line number	er only)			

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

FOR LINE NUMBER:				PAGE	. 1	11	OF	:	285		
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	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage	Juan Aguilera			
City	State Zip Code	09 12 2014 Transaction ID : SA11Al.27309		
Pharr	TX 78577	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial)  3. Ms Sahar Alizy		Date of Receipt		
Mailing Address 1609 Martin	2	09 12 2014		
City	State Zip Code	Transaction ID : SA11AI.27311		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	25.00		
Name of Employer	Occupation	contribution		
selfemployed	private investor			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00			
Full Name (Last, First, Middle Initial)  Michael Alleyn		Date of Receipt		
Mailing Address 5505 N. 4th		07 11 2014		
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26562  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	1750.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	525.00		
TOTAL This Period (last page this line number	er only)			

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

	FOR LINE NUMBER:				PAGE	. 1	12	OF	2	285
(check only one)										
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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial)  Michael Alleyn  Mailing Address 5505 N. 4th		Date of Receipt			
City mcallen	State Zip Code TX 78501	08 15 2014  Transaction ID : SA11AI.26905  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00 contribution			
Name of Employer self-employed	Occupation private investor				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00				
Full Name (Last, First, Middle Initial)  Michael Alleyn  Mailing Address 5505 N. 4th		Date of Receipt  09 122014			
City mcallen	State Zip Code				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer self-employed	Occupation private investor	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00				
Full Name (Last, First, Middle Initial)  Dr. Hillary Almedia		Date of Receipt			
Mailing Address 900 E. Vermont		07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26563  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	75.00			
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  525.00	- contribution			
SUBTOTAL of Receipts This Page (optional)		575.00			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	_ PAC					
Full Name (Last, First, Middle Initial)  Dr. Hillary Almedia  Mailing Address 900 E. Vermont	Dr. Hillary Almedia					
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Transaction ID : SA11AI.26906  Amount of Each Receipt this Period  75.00  contribution				
Full Name (Last, First, Middle Initial)  Dr. Hillary Almedia  Mailing Address 900 E. Vermont  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  675.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Full Name (Last, First, Middle Initial)  Ms Alex Ambriz  Mailing Address 15253 Heather  City Harlingen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78552  C  Occupation private investor  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)	<u> </u>	175.00				
TOTAL This Period (last page this line numb	er only)					

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

ı	FOR LINE NUMBER:				PAGE	1	14	OF	2	285
(check only one)										
	<b>X</b> 11a	11c		12						
	13		14		15		16			17

	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah		Date of Receipt			
City mcallen	State Zip Code TX 78501	07 11 2014  Transaction ID : SA11AI.26565  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer self-employed	Occupation private investor	- contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00				
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah		Date of Receipt  08 15 2014			
City mcallen					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period  250.00			
Name of Employer self-employed	Occupation private investor	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00				
Full Name (Last, First, Middle Initial)  Michael Amyx		Date of Receipt			
Mailing Address 2108 Mynah	Chata	09 12 2014			
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.27315  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2250.00	- contribution			
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	r only)				

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 15 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14		11c 15		12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	ourpose o	fsc	oliciting	COI	ntributio	ns	

Ar 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) Dr. Jumar B. Apolinario Date of Receipt Mailing Address 2805 Santa Erica 07 2014 City State Zip Code Transaction ID: SA11AI.26566 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physicain Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jumar B. Apolinario Date of Receipt Mailing Address 2805 Santa Erica 80 15 2014 City State Zip Code Transaction ID: SA11AI.26909 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physicain Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jumar B. Apolinario Date of Receipt Mailing Address 2805 Santa Erica 09 12 2014 City State Zip Code Transaction ID: SA11AI.27316 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physicain Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full)

	J	7.1	****
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC	
Δ.	Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino  Mailing Address 112 E. Xenops  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  07 11 2014  Transaction ID: SA11AI.26567  Amount of Each Receipt this Period  50.00  contribution
3.	Full Name (Last, First, Middle Initial)  Dr. Edwardo Aquino  Mailing Address 112 E. Xenops  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt    M
Э.	Full Name (Last, First, Middle Initial)  Dr. Edwardo Aquino  Mailing Address 112 E. Xenops  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M J D D J 2014  Transaction ID : SA11AI.27317  Amount of Each Receipt this Period  50.00  contribution
S	SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
Т	OTAL This Period (last page this line number o	nly)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dario Arango  Mailing Address 7004  N. Cynthia  City  mcallen	State Zip Code TX 78504	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  1750.00	250.00 contribution
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004  N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004  N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27318  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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or for co	mmercia	al purposes,	other	than u	sing the	name ar	nd add	dress o	of any	politica	ıl com	mitte	e to so	olicit d	contributions	s from su	ch com	nmittee.

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	ng the name and address of any political committee						
Full Name (Last, First, Middle Initial)  Daisy Arce  Mailing Address 129 Bluebird	Daisy Arce						
•	•	Transaction ID : SA11AI.26569					
Mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  50.00					
Name of Employer selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution					
Primary General Other (specify) ▼	350.00						
Full Name (Last, First, Middle Initial)  Daisy Arce  Mailing Address 129 Bluebird		Date of Receipt					
City Mcallen	08						
FEC ID number of contributing federal political committee.	C	50.00 contribution					
Name of Employer selfemployed	Occupation physician	Contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial)  C. Daisy Arce		Date of Receipt					
Mailing Address 129 Bluebird		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27319  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	contribution					
selfemployed							
Receipt For: Primary General Other (coccifu)	Aggregate Year-to-Date ▼ 450.00	1					
Other (specify) ▼	450.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Julio Arias-Viaud  Mailing Address 2600 Santa Paula		Date of Receipt
City Mission	State Zip Code TX 78572	07 11 2014  Transaction ID : SA11AI.26571  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)  Dr. Julio Arias-Viaud  Mailing Address 2600 Santa Paula		Date of Receipt
City Mission	State Zip Code TX 78572	08 15 2014  Transaction ID : SA11AI.26914  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Julio Arias-Viaud		Date of Receipt
Mailing Address 2600 Santa Paula		09 12 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27321  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  900.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00
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or for commercial purposes, other than using the	ne 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)  Dr. Pedro Arrazola  Mailing Address 5114 N. 10th Street		Date of Receipt  07 11 2014
City McAllen FEC ID number of contributing	State Zip Code TX 78504	7 11 2014 Transaction ID : SA11AI.26572 Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed Receipt For: Primary General	Occupation private investor  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  3. Dr. Pedro Arrazola	700.00	Date of Receipt
Mailing Address 5114 N. 10th Street  City	State Zip Code	08 15 2014 Transaction ID : SA11AI.26915
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  100.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  800.00	- contribution
Full Name (Last, First, Middle Initial)  Dr. Pedro Arrazola  Mailing Address 5114 N. 10th Street		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78504	7 Transaction ID : SA11AI.27322  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	contribution
Primary	900.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
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or		name and address of any political committee to	
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Danilo Asase  Mailing Address 5216 Kensington Lane		Date of Receipt
	City Brownsville	State Zip Code TX 78526	07 11 2014  Transaction ID : SA11AI.26573  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
	selfemployed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  700.00	
В.	Full Name (Last, First, Middle Initial)  Dr. Danilo Asase  Mailing Address 5216 Kensington Lane		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Brownsville  FEC ID number of contributing federal political committee.	State Zip Code TX 78526	Transaction ID : SA11AI.26916  Amount of Each Receipt this Period  100.00
	Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	contribution
<u>С</u> .	Full Name (Last, First, Middle Initial)  Dr. Danilo Asase  Mailing Address 5216 Kensington Lane		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Brownsville  FEC ID number of contributing federal political committee.	State Zip Code TX 78526	Amount of Each Receipt this Period
	Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution
s	SUBTOTAL of Receipts This Page (optional)		300.00
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores  Mailing Address 2222 La Condesa Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	07 11 2014  Transaction ID : SA11Al.26574  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed Receipt For:	Occupation private investor	contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial)  Dr. Marilyn Assistores  Mailing Address 2222 La Condesa Drive		Date of Receipt  08 15 2014
City Edinburg	State Zip Code TX 78539	08 15 2014  Transaction ID : SA11AI.26917  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Dr. Marilyn Assistores		Date of Receipt
Mailing Address 2222 La Condesa Drive		09 12 / Y=Y=Y=Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.27324  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  675.00	contribution
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	225.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Wady Aude Aude		Date of Receipt
Mailing Address 1001 E. Fern #E		09 12 2014 L
City	State Zip Code	Transaction ID : SA11AI.27325
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1.99.093.00 103.10 24.0 7	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  Dr. Felipe Avila	•	Date of Receipt
Mailing Address 104 W. 20th Street		07 11 2014 _
City	State Zip Code	Transaction ID : SA11AI.26576
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)	I	Data of Pagaint
Mailing Address 104 W. 20th Street		Date of Receipt
City	State 7in Code	08 15 2014
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.26919
	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2000.00	
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Detailed Summary Page 14 13 15 16 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) Dr. Felipe Avila Date of Receipt Mailing Address 104 W. 20th Street 2014 09 City State Zip Code Transaction ID: SA11AI.27326 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Wilfredo Aviles Date of Receipt Mailing Address 2600 Wildwood 07 2014 11 City State Zip Code Transaction ID: SA11AI.26577 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Wilfredo Aviles Date of Receipt Mailing Address 2600 Wildwood 80 15 2014

400.00

Zip Code

78596

State

TX

С

Occupation

Aggregate Year-to-Date ▼

physician

50.00

Transaction ID: SA11AI.26920

contribution

Amount of Each Receipt this Period

City

Weslaco

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

selfemployed

Receipt For:

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	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Wilfredo Aviles  Mailing Address 2600 Wildwood		Date of Receipt
		09 12 2014
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27327
	1∨ 1,009.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	4	
Full Name (Last, First, Middle Initial)  Dr. Roberto A, Ayers		Date of Receipt
Mailing Address 1900 S. Jackson #7		07 11 _2014 _
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26578
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)	7 7	
Dr. Roberto A, Ayers		Date of Receipt
Mailing Address 1900 S. Jackson #7		08 15 2014
City McAllen	State Zip Code TX 78501	Transaction ID : SA11Al.26921  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	800.00	
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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Roberto A, Ayers  Mailing Address 1900 S. Jackson #7		Date of Receipt
City McAllen	State Zip Code TX 78501	09 12 2014  Transaction ID : SA11AI.27328  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  900.00	
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26579
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period  400.00  contribution
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	- Contribution
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City	State Zip Code	Date of Receipt  08 15 2014  Transaction ID : SA11AI.26922
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
SUBTOTAL of Receipts This Page (optional).		900.00
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	ing the name and address of any political committee	
BORDER HEALTH FEDER	RAL PAC	
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport  suite 6  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  99 12 2014  Transaction ID: SA11AI.27329  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Cayetano Barrera  Mailing Address 501 Mockingbird Lane		Date of Receipt  07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26580
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera	<u> </u>	Date of Receipt
Mailing Address 501 Mockingbird Lane		08 15 2014
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26923  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed Receipt For:	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial)  Cayetano Barrera		Date of Receipt				
Mailing Address 501 Mockingbird Lane		09 12 2014				
City	State Zip Code	Transaction ID : SA11AI.27330				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:		1				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	450.00					
Full Name (Last, First, Middle Initial)  Mr. Marcos Barrera		Date of Receipt				
Mailing Address 3000 Yellowhammer		M = M / D = D / Y = Y = Y				
	Chala	07 11 2014				
City	State Zip Code	Transaction ID : SA11AI.26581				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	contribution				
self-employed	private investor					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify) ▼	Aggregate Tear-to-Date \$					
Full Name (Last, First, Middle Initial)  C. Mr. Marcos Barrera		Date of Receipt				
Mailing Address 3000 Yellowhammer		08 15 2014				
City	State Zip Code	Transaction ID : SA11AI.26924				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	contribution				
self-employed	private investor					
Receipt For:	Aggregate Year-to-Date ▼	†				
Primary General	Aggregate real-tu-Date V					
Other (specify) ▼	1000.00					
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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Mr. Marcos Barrera  Mailing Address 3000 Yellowhammer		Date of Receipt
	Ctoto 7in Cada	09 12 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27331  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	private investor	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial)  3. Ricardo Barrera		Date of Receipt
Mailing Address 420 Frio		07 11 2014
City mission	State Zip Code TX 78572	7 11 2014 Transaction ID : SA11Al.26582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  C. Ricardo Barrera		Date of Receipt
Mailing Address 420 Frio		08 15 2014 _
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.26925  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	625.00
	er only)	

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or for commercial purposes, other than using	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  A. Ricardo Barrera		Date of Receipt
Mailing Address 420 Frio		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27332
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara  Mailing Address 424 Capting	<u>'</u>	Date of Receipt
Mailing Address 121 Cardinal		07 11 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26584
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara		Date of Receipt
Mailing Address 121 Cardinal		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.26927
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	_ contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3200.00	
SUBTOTAL of Receipts This Page (optional	u)	1050.00
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using	and Statements may not be sold or used by any peling the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara  Mailing Address 121 Cardinal		Date of Receipt
Mailing Address 121 Cardinal		09 12 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.27334
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Yuri Bermudez		Date of Receipt
Mailing Address P.O.Box 1125		07 11 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26585
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  C. Dr. Yuri Bermudez		Date of Receipt
Mailing Address P.O.Box 1125		08 15 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26928
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Cities (sheerily)	+00.00	
SUBTOTAL of Receipts This Page (option	al)	500.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Yuri Bermudez  Mailing Address P.O.Box 1125		Date of Receipt  09 12 2014
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.27335  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Coounation	50.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  3. Juan Bernini  Mailing Address 2804 Santa Ana		Date of Receipt  07 11 2014
City mission	State Zip Code TX 78574	7 11 2014 Transaction ID : SA11AI.26586 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Juan Bernini		Date of Receipt
Mailing Address 2804 Santa Ana	Charles	08 15 2014
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.26929  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Juan Bernini  Mailing Address 2804 Santa Ana		Date of Receipt
City mission	State Zip Code TX 78574	09 12 2014  Transaction ID : SA11Al.27336  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Sarojini Bose  Mailing Address 7007 N 1st Lane		Date of Receipt  07 11 2014
City mcallen	State Zip Code TX 78504	7 11 2014 Transaction ID : SA11Al.26587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
Mailing Address 7007 N 1st Lane		08 15 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26930  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Sarojini Bose  Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27337  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
Full Name (Last, First, Middle Initial)  Francisco Bracamontes  Mailing Address 2005 Cimarron Court	State Zip Code	Date of Receipt  07 11 2014
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26588  Amount of Each Receipt this Period  400.00
Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	contribution
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court  City	State Zip Code	Date of Receipt  08 15 2014  Transaction ID : SA11Al.26931
mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1050.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		09 19 , 2014 ,
City	State Zip Code	Transaction ID : SA11AI.27338
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial)  Dr. Yvonne Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26589
Mission	TX 78572	Amount of Each Receipt this Period
	. 50.12	, another the colpt this relied
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Dr. Yvonne Bracamontes		Date of Baselini
•		Date of Receipt
Mailing Address 2005 Cimarron Court		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.26932
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	al)	500.00
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TOTAL This Period (last page this line nur	mber only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Yvonne Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt
City Mission	State Zip Code TX 78572	09 12 2014 Transaction ID : SA11AI.27339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	- contribution
Full Name (Last, First, Middle Initial)  B. Dr. Erasto Canales  Mailing Address 105 Bluebird		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504  C Occupation	Transaction ID : SA11AI.26591  Amount of Each Receipt this Period  125.00  contribution
self-employed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)  C. Dr. Erasto Canales  Mailing Address 105 Bluebird  City	State Zip Code	Date of Receipt  08 15 2014  Transaction ID : SA11Al.26934
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Amount of Each Receipt this Period  125.00  contribution
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line number	<u> </u>	300.00

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	and Statements may not be sold or used by any per- ng the name and address of any political committee t						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial)  Dr. Erasto Canales  Mailing Address 105 Bluebird		Date of Receipt					
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27341					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer	Occupation physician	<ul><li>contribution</li></ul>					
self-employed Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1125.00						
Full Name (Last, First, Middle Initial)  B. Dr. Ricardo Canales  Mailing Address, 400 Maintald		Date of Receipt					
Mailing Address 408 Marigold	07 11 2014						
City McAllen	ity State Zip Code  ### TX 78501						
FEC ID number of contributing federal political committee.	C 70301	Amount of Each Receipt this Period  50.00					
Name of Employer self-employed	Occupation physician	conribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00						
Full Name (Last, First, Middle Initial)  C. Dr. Ricardo Canales		Date of Receipt					
Mailing Address 408 Marigold		08 15 _ 2014 _					
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.26935  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00 conribution					
Name of Employer	Name of Employer Occupation						
self-employed							
Receipt For:  Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	400.00						
SUBTOTAL of Receipts This Page (option	nal)	225.00					
TOTAL This Period (last page this line nu	mber only)						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name (Last, First, Middle Initial)  Dr. Ricardo Canales  Mailing Address 408 Marigold	Date of Receipt				
City McAllen  EEC ID number of contributing	State Zip Code TX 78501	7 Transaction ID : SA11AI.27342  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 conribution			
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  450.00				
Full Name (Last, First, Middle Initial)  3. Desi Canals  Mailing Address 1912 Trinity		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Mission  FEC ID number of contributing	ssion TX 78574  C ID number of contributing				
Name of Employer Self employed	Occupation physician	25.00 contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00				
Full Name (Last, First, Middle Initial)  Alonzo Cantu  Mailing Address P.O.Box 2673		Date of Receipt			
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	07 11 2014  Transaction ID : SA11AI.26594  Amount of Each Receipt this Period  400.00			
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2800.00	contribution			
SUBTOTAL of Receipts This Page (optional).	<u> </u>	475.00			
TOTAL This Period (last page this line number	er only)				

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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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial)  A. Alonzo Cantu  Mailing Address P.O.Box 2673	Alonzo Cantu					
City mcallen	State Zip Code TX 78502	08 15 2014  Transaction ID : SA11AI.26937  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution				
self-employed Receipt For: Primary General Other (specify)	private investor  Aggregate Year-to-Date ▼  3200.00					
Full Name (Last, First, Middle Initial)  Alonzo Cantu  Mailing Address P.O.Box 2673		Date of Receipt  09 12 2014				
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.27344  Amount of Each Receipt this Period  400.00				
Name of Employer self-employed  Receipt For: Primary General	Occupation private investor  Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. David Cantu  Mailing Address 2409 Kiwi	3600.00	Date of Receipt  07 11 2014				
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26595  Amount of Each Receipt this Period  30.00				
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  210.00	contribution				
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	830.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using the	he 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)  Mr. David Cantu  Mailing Address 2409 Kiwi	Mr. David Cantu					
City McAllen	State Zip Code TX 78504	08 15 2014  Transaction ID : SA11AI.26938  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	30.00 contribution				
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  240.00					
Full Name (Last, First, Middle Initial)  Mr. David Cantu  Mailing Address 2409 Kiwi	Date of Receipt  M M M / D D / D D / D D / D D D / D D D / D					
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27345  Amount of Each Receipt this Period  30.00				
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution				
Primary General  Other (specify) ▼	270.00					
Full Name (Last, First, Middle Initial)  Dr. Leonel Cantu  Mailing Address 2102 Deborah		Date of Receipt  07 11 2014				
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.26596  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	contribution				
SUBTOTAL of Receipts This Page (optional)		110.00				
TOTAL This Period (last page this line number						

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or for commercial purposes, other than using the	ne 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)  Dr. Leonel Cantu  Mailing Address 2102 Deborah	Dr. Leonel Cantu  Mailing Address 2102 Deborah					
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11AI.26939  Amount of Each Receipt this Period  50.00  contribution				
Full Name (Last, First, Middle Initial)  Dr. Leonel Cantu  Mailing Address 2102 Deborah  City  Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Date of Receipt  09 12 2014  Transaction ID : SA11AI.27346  Amount of Each Receipt this Period  50.00				
Name of Employer Self employed  Receipt For:  Primary  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	contribution				
Full Name (Last, First, Middle Initial)  Ms Melissa Cantu  Mailing Address 1201 S. Gumwood  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer self-employee Receipt For:	State Zip Code TX 78577  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26597  Amount of Each Receipt this Period  50.00  contribution				
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	350.00	150.00				
TOTAL This Period (last page this line number	r only)					

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ms Melissa Cantu  Mailing Address 1201 S. Gumwood	Date of Receipt	
City	State Zip Code	08 15 2014
Pharr	TX 78577	Transaction ID : SA11Al.26940  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Ms Melissa Cantu  Mailing Address 1201 S. Gumwood		Date of Receipt
City	State Zip Code TX 78577	7 Transaction ID : SA11AI.27347
Pharr  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer self-employee	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  C. Dr. Joseph Caporusso		Date of Receipt
Mailing Address 217 E. Yellowhammer		07 11 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26599  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	- contribution
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number	· only)	

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Joseph Caporusso  Mailing Address 217 E. Yellowhammer		Date of Receipt
		08 15 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26942
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  800.00	contribution
Full Name (Last, First, Middle Initial)  3. Dr. Joseph Caporusso		Date of Receipt
Mailing Address 217 E. Yellowhammer  City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	7 2014 Transaction ID : SA11AI.27349 Amount of Each Receipt this Period
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution
Full Name (Last, First, Middle Initial) Carlos Cardenas  Mailing Address 1000 N. Taylor Road  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26600
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number of	only)	

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)  Carlos Cardenas  Mailing Address 1000 N. Taylor Road	Carlos Cardenas				
City mcallen	State Zip Code TX 78501	08 15 2014  Transaction ID : SA11AI.26943  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00 contribution			
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00				
Full Name (Last, First, Middle Initial) Carlos Cardenas  Mailing Address 1000 N. Taylor Road	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.27350  Amount of Each Receipt this Period  400.00			
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	contribution			
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021  Elk Lane  City Edinburg  FEC ID number of contributing	State Zip Code TX 78539	Date of Receipt  07 11 2014  Transaction ID: SA11AI.26602  Amount of Each Receipt this Period  50.00			
Receipt For:  Primary  Other (specify) ▼  Name of Employer  Self-employed  General	Occupation private investor  Aggregate Year-to-Date ▼  350.00	contribution			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	850.00			
TOTAL This Period (last page this line number	r only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021	Marissa Castaneda			
Elk Lane	State Zin Code	08 15 2014		
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.26944  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation private invector	- contribution		
self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  400.00			
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021  Elk Lane	Stoto 7:- O-1	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11Al.27351  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employed	Occupation private investor	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial)  C. Mr. Rogeliio Castillo		Date of Receipt		
Mailing Address 2704 E. 20th Street		09 12 2014		
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27352  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  225.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		125.00		
TOTAL This Period (last page this line number	r only)			

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Augusto Castrillon		Date of Receipt
Mailing Address 223 Rio Grande Drive		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26604
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Augusto Castrillon  Mailing Address 223 Rio Grande Drive		Date of Receipt
	08 15 2014	
City	State Zip Code	Transaction ID : SA11AI.26946
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  . Augusto Castrillon		Date of Receipt
Mailing Address 223 Rio Grande Drive		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27353
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using the	ne 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) Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road	Norma Cavazos-Salas				
City mission	State Zip Code TX 78572	07 11 2014  Transaction ID : SA11AI.26605  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00 contribution			
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  875.00				
Full Name (Last, First, Middle Initial)  Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road	Otata Zin Oudu	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26947  Amount of Each Receipt this Period  125.00			
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1000.00	- contribution			
Full Name (Last, First, Middle Initial)  Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road  City	State Zip Code	Date of Receipt    M			
mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period			
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1125.00	. contribution			
SUBTOTAL of Receipts This Page (optional)	<b></b>	375.00			
TOTAL This Period (last page this line number	r only)				

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26606  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  2650.00	Date of Receipt  08
Full Name (Last, First, Middle Initial) R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  3050.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	1200.00
TOTAL This Period (last page this line numb	er only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Virah Cooper  Mailing Address 1801 South 5th Street suite 7		Date of Receipt  07 11 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26607  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
self-employee  Receipt For:  Primary  General	physician  Aggregate Year-to-Date ▼	
Other (specify)  Full Name (Last, First, Middle Initial)	700.00	
Dr. Virah Cooper  Mailing Address 1801 South 5th Street suite 7		Date of Receipt  08 15 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26949  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial) Dr. Virah Cooper		Date of Receipt
Mailing Address 1801 South 5th Street suite 7	State 7: On the	09 12 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.27356  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Donna Cooper-Dockery  Mailing Address 2301 Solera Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  875.00	Date of Receipt  O7 11 2014  Transaction ID: SA11Al.26608  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Donna Cooper-Dockery  Mailing Address 2301 Solera Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Donna Cooper-Dockery  Mailing Address 2301 Solera Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employee Receipt For: Primary Other (specify)   General	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  9 12 2014  Transaction ID: SA11AI.27357  Amount of Each Receipt this Period  125.00  contribution
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line number		375.00

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NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez  Mailing Address 4101 South Burns Drive  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26610
McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:	C Occupation physician	Amount of Each Receipt this Period  100.00  contribution
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼  700.00	
B. Dr. Oscar Cortez  Mailing Address 4101 South Burns Drive		Date of Receipt  08 15 2014
City McAllen  FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.26952  Amount of Each Receipt this Period  100.00
Receipt For:  Primary  Other (specify)   General	Occupation physician  Aggregate Year-to-Date ▼  800.00	contribution
Full Name (Last, First, Middle Initial)  C. Dr. Oscar Cortez  Mailing Address 4101 South Burns Drive		Date of Receipt  09 12 2014
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.27359  Amount of Each Receipt this Period  100.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution
SUBTOTAL of Receipts This Page (optional).		300.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial)  Diana Cortinas  Mailing Address 1400 Northgate Lane  City	State Zip Code	Date of Receipt  07  11  2014  Transaction ID: SA11Al.26611				
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1400.00	Amount of Each Receipt this Period  200.00  contribution				
Full Name (Last, First, Middle Initial)  Diana Cortinas  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1600.00	Date of Receipt  08 15 2014  Transaction ID: SA11AI.26953  Amount of Each Receipt this Period  200.00  contribution				
Full Name (Last, First, Middle Initial)  Diana Cortinas  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27360  Amount of Each Receipt this Period  200.00  contribution				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	600.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26612  Amount of Each Receipt this Period
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	contribution
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.26954  Amount of Each Receipt this Period  50.00  contribution
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City	State Zip Code	Date of Receipt    M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)   Other	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Javier Cortinas  Mailing Address 1400 Northgate		Date of Receipt
City mcallen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11Al.26613  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70304	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Javier Cortinas  Mailing Address 1400 Northgate		Date of Receipt  08 15 2014
City mcallen	State Zip Code TX 78504	7 Transaction ID : SA11AI.26955 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  . Javier Cortinas		Date of Receipt
Mailing Address 1400 Northgate		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27362  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
SUBTOTAL of Receipts This Page (optional).		750.00
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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		Date of Receipt
City Mcallen	State Zip Code TX 78504	7 11 2014 Transaction ID : SA11AI.26614 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician	CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  Dr. Hildegardo Costa  Mailing Address 129 Bluebird		Date of Receipt
City Mcallen	State Zip Code TX 78504	08 15 2014  Transaction ID : SA11Al.26956  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa		Date of Receipt
Mailing Address 129 Bluebird	Chata	09 12 2014
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27363  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	- contribution
SUBTOTAL of Receipts This Page (optional).		150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  James Darling		Date of Receipt
Mailing Address 1225 E Peking		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26615
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1050.00	
Full Name (Last, First, Middle Initial)  3. James Darling  Mailing Address 1225 E Peking		Date of Receipt
		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.26957
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial)  James Darling		Date of Receipt
Mailing Address 1225 E Peking		09 12 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.27364
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	_ contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1350.00	
SUBTOTAL of Receipts This Page (optional	1)	450.00
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  A. David Deanda  Mailing Address 2408 Dorado  City mission  FEC ID number of contributing	State Zip Code TX 78574	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26616  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1750.00	250.00 - contribution
Full Name (Last, First, Middle Initial)  3. David Deanda  Mailing Address 2408 Dorado  City	State Zip Code	Date of Receipt  08 15 2014
mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78574  C  Occupation private investor  Aggregate Year-to-Date ▼  2000.00	Transaction ID : SA11AI.26958  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78574  C  Occupation private investor  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  12 2014  Transaction ID: SA11AI.27365  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza  Mailing Address 708 South H Street		Date of Receipt
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	7 11 2014 Transaction ID : SA11Al.26617 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	contribution
Full Name (Last, First, Middle Initial)  Dr. Andrew De La Garza  Mailing Address 708 South H Street		Date of Receipt  08 15 2014
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11Al.26959  Amount of Each Receipt this Period  50.00
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza  Mailing Address 708 South H Street  City	State Zip Code	Date of Receipt    M
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)		150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Jorge De La Garza  Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11Al.26618  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  3. Jorge De La Garza  Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	7 Transaction ID : SA11Al.26960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor	Charles	09 12 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27367  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	_ contribution
SUBTOTAL of Receipts This Page (optional).		750.00
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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  A. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		07 11 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26621
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General		
Other (specify) ▼	1050.00	
Full Name (Last, First, Middle Initial)  Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	08 15 2014 Transaction ID : \$41141 26963
Mcallen	TX 78504	Transaction ID : SA11AI.26963  Amount of Each Receipt this Period
		Amount of Lacin neceipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial)  Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27370
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1350.00	
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or for commercial purposes, other than using the	ne 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. Dr. Parul Desai  Mailing Address 7004 North 1st		Date of Receipt		
City McAllen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26622  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.  Name of Employer	Coccupation	100.00 contribution		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00			
Full Name (Last, First, Middle Initial)  3. Dr. Parul Desai  Mailing Address 7004 North 1st	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26964  Amount of Each Receipt this Period  100.00		
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	- contribution		
Full Name (Last, First, Middle Initial)  Dr. Parul Desai  Mailing Address 7004 North 1st  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.27371  Amount of Each Receipt this Period  100.00		
Name of Employer  selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution		
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00		
TOTAL This Period (last page this line number	r only)			

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name (Last, First, Middle Initial)  Dr. Satish D. Desai  Mailing Address 7004 North 1st		Date of Receipt		
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.26623  Amount of Each Receipt this Period		
federal political committee.  Name of Employer	Occupation	50.00 contribution		
selfemployed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  350.00			
Full Name (Last, First, Middle Initial)  3. Dr. Satish D. Desai  Mailing Address 7004 North 1st	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11Al.26965  Amount of Each Receipt this Period  50.00		
federal political committee.  Name of Employer selfemployed Receipt For:	Occupation physician	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial)  Dr. Satish D. Desai  Mailing Address 7004 North 1st		Date of Receipt  09 12 2014		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27372  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	- contribution		
	er only)	150.00		
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  A. Alberto Duran  Mailing Address 1615 Palazzo		Date of Receipt
City mission	State Zip Code TX 78572	07 11 2014  Transaction ID : SA11AI.26625  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Alberto Duran  Mailing Address 1615 Palazzo	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26967  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary  General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Alberto Duran	2000.00	Date of Receipt
Mailing Address 1615 Palazzo		09 12 2014
City mission  FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.27374  Amount of Each Receipt this Period  250.00
Rame of Employer	Occupation	contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2250.00	
SUBTOTAL of Receipts This Page (optional).	•	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial)  Ms Oneida Elizondo  Mailing Address 2411 Durango Drive		Date of Receipt  09 12 2014		
City Mission  FEC ID number of contributing	State Zip Code TX 78572	09 12 2014  Transaction ID : SA11AI.27375  Amount of Each Receipt this Period  25.00		
federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  225.00	contribution		
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer  City	Date of Receipt  07 11 2014  Transaction ID: SA11AL 26627			
mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504  C Occupation	Transaction ID : SA11AI.26627  Amount of Each Receipt this Period  50.00  contribution		
selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  350.00			
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer  City	State Zip Code	Date of Receipt    M = M   / D = D   / Y = Y = Y = Y		
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  50.00  contribution		
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	125.00		
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer  City mcallen	State Zip Code TX 78504	Date of Receipt  09 12 2014  Transaction ID : SA11AI.27376  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	contribution
Full Name (Last, First, Middle Initial)  3. Antonio Esparza  Mailing Address 136 W. Yucca  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26628
mcallent  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	TX 78504  C Occupation physician	Amount of Each Receipt this Period  250.00  contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Antonio Esparza  Mailing Address 136 W. Yucca  City mcallent	State Zip Code TX 78504	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼	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	er only)	

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	ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) A. Antonio Esparza  Mailing Address 136 W. Yucca	Antonio Esparza			
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27377		
mcallent	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial)  Dr. Johnny Estrellando  Mailing Address 2113 La Condesa Drive	Date of Receipt  09 12 2014			
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27378		
Edinburg	TX 78539	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	contribution		
Self employed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00			
Full Name (Last, First, Middle Initial)  Antonio Falcon		Date of Receipt		
Mailing Address 2768 Pharmacy Road		07 11 2014		
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11Al.26630  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
self-employed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	700.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.00		
TOTAL This Period (last page this line number	r only)			

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Antonio Falcon  Mailing Address 2768 Pharmacy Road		Date of Receipt
City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78582  C  Occupation physician  Aggregate Year-to-Date ▼  800.00	Transaction ID : SA11AI.26972  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Antonio Falcon  Mailing Address 2768 Pharmacy Road  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78582  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Maria Elena Falcon  Mailing Address 2212 Westway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  O7 11 2014  Transaction ID : SA11AI.26631  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	450.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Maria Elena Falcon  Mailing Address 2212 Westway		Date of Receipt
City	State Zip Code TX 78504	08 15 2014 Transaction ID : SA11AI.26973
mcallen  FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Maria Elena Falcon  Mailing Address 2212 Westway		Date of Receipt
City mcallen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27380  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Dr. Alexander Feigl		Date of Receipt
Mailing Address 110 E. Savannah #101		07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26632  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	- contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial)  Dr. Alexander Feigl  Mailing Address 110 E. Savannah #101	Dr. Alexander Feigl					
City McAllen FEC ID number of contributing	State Zip Code TX 78503	08 15 2014  Transaction ID : SA11AI.26974  Amount of Each Receipt this Period  250.00				
Receipt For:  Primary  Other (coords)	Occupation physician  Aggregate Year-to-Date ▼	- contribution				
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Alexander Feigl  Mailing Address 110 E. Savannah #101  City	State Zip Code	Date of Receipt  09 12 2014  Transaction ID + SA11AL 27294				
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	TX 78503  C Occupation physician	Transaction ID : SA11AI.27381  Amount of Each Receipt this Period  250.00  contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00					
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID : SA11AL 36633				
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	TX 78504  C  Occupation physician	Transaction ID : SA11AI.26633  Amount of Each Receipt this Period  250.00  contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose		Date of Receipt
City mcallen	State Zip Code TX 78504	08 15 2014 Transaction ID : SA11AI.26975
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose		Date of Receipt
City mcallen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27383  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Ms Melissa P. Flores		Date of Receipt
Mailing Address 4420 East Mile 17 1/2		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State Zip Code TX 78542	Transaction ID : SA11AI.27385  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  225.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	525.00
TOTAL This Period (last page this line number	r only)	

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

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12 Detailed Summary Page 13 14 15 16 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) Mr. Raymond Franklin Date of Receipt Mailing Address 3212 Nightingale Court 2014 07 City State Zip Code Transaction ID: SA11AI.26636 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Raymond Franklin Date of Receipt Mailing Address 3212 Nightingale Court 80 15 2014 City State Zip Code Transaction ID: SA11AI.26978 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

Full Name (Last, First, Middle Initial)  C. Mr. Raymond Franklin		Date of Receipt
Mailing Address 3212 Nightingale Court		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27386
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	

TOTAL This Period (last page this line number only)	SUBTOTAL of Receipts This Page (optional)		Ξ	7		Ξ	7	Ι	1:	50.00	)
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mcallen

FEC ID number of contributing

federal political committee.

Name of Employer

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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) Eugenio Galindo Date of Receipt Mailing Address 5936 N. Cynthia 2014 City State Zip Code Transaction ID: SA11AI.26637 TX 78504 mcallen Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Eugenio Galindo Date of Receipt Mailing Address 5936 N. Cynthia 80 15 2014 City Zip Code State Transaction ID: SA11AI.26979

78504

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C

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

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

Occupation

	self-employed  Receipt For:  Primary  General  Other (specify)	physician  Aggregate Year-to-Date ▼  3200.00	
C.	Full Name (Last, First, Middle Initial)  Eugenio Galindo  Mailing Address 5936 N. Cynthia		Date of Receipt  09 12 2014
	City	State Zip Code	Transaction ID : SA11AI.27387
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	400.00 contribution
	Name of Employer	Occupation	Contribution
	self-employed	physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

1200.00

Amount of Each Receipt this Period

contribution

400.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  A. Elvin Garcia  Mailing Address 2800 Santa Teresa		Date of Receipt
City	State Zip Code TX 78572	07 11 2014 Transaction ID : SA11Al.26638
mission  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Blvin Garcia  Mailing Address 2800 Santa Teresa		Date of Receipt  08 152014
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.26980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.27388  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
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		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11Al.26639
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  3. Hiram Garcia  Mailing Address 2712 E Mile 5 Road		Date of Receipt
City	State Zip Code	08 15 2014 Transaction ID : SA11AI 26981
Mission	TX 78574	Transaction ID : SA11AI.26981  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Hiram Garcia		Date of Receipt
Mailing Address 2712 E Mile 5 Road		09 12 2014
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.27389  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		07 11 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.26642  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For:	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  3. Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo	Otata 7. Out	08 15 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.26984  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial)  Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		09 12 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27392  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	. contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3600.00	
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne 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)  Dr. Ricardo Garcia  Mailing Address 6108 North 5th Street  City  McAllen	State Zip Code TX 78504	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26644  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	contribution
Full Name (Last, First, Middle Initial)  3. Dr. Ricardo Garcia  Mailing Address 6108 North 5th Street  City	State Zip Code	Date of Receipt    M
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  100.00  contribution
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia	800.00	Date of Receipt
Mailing Address 6108 North 5th Street  City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27394
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Amount of Each Receipt this Period  100.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Samuel Garcia  Mailing Address 137 E. Guardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	07 11 2014  Transaction ID : SA11AI.26645  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  3. Dr. Samuel Garcia  Mailing Address 137 E. Guardenia		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.26987  Amount of Each Receipt this Period  100.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Samuel Garcia  Mailing Address 137 E. Guardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	7 Transaction ID : SA11AI.27395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Ms Teresa Maria Garcia  Mailing Address 6001 N. 36th Street		Date of Receipt
City McAllen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27396  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution
Self employed  Receipt For:  Primary General  Other (specify) ▼	investor  Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Dr. Carlos Garcia-Cantu  Mailing Address 4121 N. 10th #240	0	Date of Receipt  07 11 2014
City  Mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11Al.26647  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)	1750.00	
Dr. Carlos Garcia-Cantu  Mailing Address 4121 N. 10th #240		Date of Receipt  08 15 2014
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26989  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)	•	525.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Dr. Carlos Garcia-Cantu  Mailing Address 4121 N. 10th #240		Date of Receipt
City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.27397  Amount of Each Receipt this Period  250.00  contribution
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms Anna Garza	2250.00	Date of Receipt
Mailing Address 3212 S Boyce Circle  City Donna  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78557  C  Occupation private investor  Aggregate Year-to-Date ▼  225.00	Transaction ID: SA11AI.27399  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Dr. James Garza  Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26650  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	675.00
TOTAL This Period (last page this line number	r only)	

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<b>A</b> .	Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  3200.00	Date of Receipt  M M M
В.	Full Name (Last, First, Middle Initial)  Dr. James Garza  Mailing Address 2821 Lakeshore Drive  City  Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial)  Dr. Martin Garza  Mailing Address P.O. Box 180  City Linn  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78563  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	SUBTOTAL of Receipts This Page (optional)	<u> </u>	850.00
Т	OTAL This Period (last page this line number of	only)	

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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  Dr. Martin Garza  Mailing Address P.O. Box 180		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City Linn	State Zip Code TX 78563	Transaction ID : SA11AI.26993  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00 contribution			
Name of Employer selfemployed Receipt For:	Occupation physician				
Heceipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial)  3. Dr. Martin Garza  Mailing Address P.O. Box 180	Or. Martin Garza				
City Linn	State Zip Code TX 78563	09 12 2014  Transaction ID : SA11AI.27401  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	50.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name (Last, First, Middle Initial)  Rene Garza		Date of Receipt			
Mailing Address 5404 N. 1st street		07 11 / Y = Y = Y = Y = Y			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26652  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2800.00	- contribution			
SUBTOTAL of Receipts This Page (optional)		500.00			
TOTAL This Period (last page this line number	r only)				

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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
	City	State Zip Code	08 15 2014 Transaction ID : SA11AI.26994
	mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  3200.00	contribution
В.	Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27402  Amount of Each Receipt this Period  400.00
	Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3600.00	contribution
C.	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11AI.26653
	Palmhurst  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period  125.00  contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation self-employee physician Aggregate Year-to-Date ▼  875.00	Contribution (
s	SUBTOTAL of Receipts This Page (optional)		925.00
Т	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL					
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo  Mailing Address 2311 Silvardo North		Date of Receipt  08 15 2014			
City Palmhurst  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:	State Zip Code TX 78539  C  Occupation self-employee physician  Aggregate Year-to-Date ▼	Transaction ID : SA11Al.26995  Amount of Each Receipt this Period  125.00  contribution			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo  Mailing Address 2311 Silvardo North	Dr. Ayda Garza-Montalvo  Mailing Address 2311 Silvardo North				
City Palmhurst  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.27403  Amount of Each Receipt this Period  125.00			
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation self-employee physician  Aggregate Year-to-Date ▼  1125.00	- contribution			
Full Name (Last, First, Middle Initial)  Dr. Jesus Garza-Tamez  Mailing Address 1400 W. Gardenia  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26654			
McAllen  FEC ID number of contributing federal political committee.  Name of Employer	TX 78501  C Occupation	Amount of Each Receipt this Period  100.00  contribution			
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  700.00				
SUBTOTAL of Receipts This Page (optional)		350.00			
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or for commercial purposes, other than using th	e 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)  Dr. Jesus Garza-Tamez  Mailing Address 1400 W. Gardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	08 15 2014  Transaction ID : SA11AI.26996  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Jesus Garza-Tamez  Mailing Address 1400 W. Gardenia		Date of Receipt  09 12 2014
City  McAllen  FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.27404  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  900.00	
Full Name (Last, First, Middle Initial)  Lawrence Gelman		Date of Receipt
Mailing Address 3900 Sundown Drive  City	State Zip Code	07 11 2014 Transaction ID : SA11Al.26655
mcallen FEC ID number of contributing	TX 78503	Amount of Each Receipt this Period  400.00
federal political committee.  Name of Employer	Occupation	contribution
selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2800.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	600.00
TOTAL This Period (last page this line number	<u>·</u>	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Lawrence Gelman  Mailing Address 3900 Sundown Drive		Date of Receipt  08 15 2014
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  3200.00	Transaction ID : SA11AI.26997  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Lawrence Gelman  Mailing Address 3900 Sundown Drive  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27405  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Sathiyaraj George  Mailing Address 2607 Solera  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  1520.00	Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	820.00
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)  Dr. Sathiyaraj George  Mailing Address 2607 Solera		Date of Receipt
City Mission	State Zip Code TX 78572	08 15 2014  Transaction ID : SA11Al.26999  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	
Full Name (Last, First, Middle Initial)  3. Dr. Sathiyaraj George  Mailing Address 2607 Solera		Date of Receipt
City Mission	State Zip Code TX 78572	7 Transaction ID : SA11AI.27406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett		Date of Receipt
Mailing Address 54 South 10th		07 11 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26657  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	_ contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	140.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett  Mailing Address 54 South 10th		Date of Receipt
City McAllen	State Zip Code TX 78504	7 Transaction ID : SA11AI.27001  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett  Mailing Address 54 South 10th		Date of Receipt
City McAllen	State Zip Code TX 78504	7 12 2014 Transaction ID : SA11AI.27408 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Alvaro Giraldo		Date of Receipt
Mailing Address 106 W. Flamingo	0	07 11 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26658  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Alvaro Giraldo  Mailing Address 106 W. Flamingo		Date of Receipt
City mcallen	State Zip Code TX 78504	08 15 2014  Transaction ID : SA11Al.27002
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Alvaro Giraldo  Mailing Address 106 W. Flamingo		Date of Receipt  09 12 2014
City mcallen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Dr. Felipe Gomez		Date of Receipt
Mailing Address 2401 SE Augusta Square		07 11 / Y = Y = Y = Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26659  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	- contribution
SUBTOTAL of Receipts This Page (optional)	•	250.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Full Name (Last, First, Middle Initial)  Dr. Felipe Gomez  Mailing Address 2401 SE Augusta Square		Date of Receipt				
City	State Zip Code	08 15 2014				
McAllen	TX 78503	Transaction ID : SA11AI.27003  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution				
Primary General Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial)  3. Dr. Felipe Gomez  Mailing Address 2401 SE Augusta Square		Date of Receipt				
City McAllen	State Zip Code TX 78503	09 12 2014				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00					
Full Name (Last, First, Middle Initial)  Dr. Juan Pablo Gomez		Date of Receipt				
Mailing Address 113 Canary		07 11 2014				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26660  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez  Mailing Address 113 Canary  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08
Primary General Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial)  Dr. Juan Pablo Gomez  Mailing Address 113 Canary  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)   Full Name (Last First Middle Initial)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  09 12 2014  Transaction ID : SA11AI.27411  Amount of Each Receipt this Period  200.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Marco Gomez  Mailing Address 2705 Biltmore  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  245.00	Date of Receipt  O7 11 2014  Transaction ID: SA11AI.26661  Amount of Each Receipt this Period  35.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	435.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Marco Gomez  Mailing Address 2705 Biltmore		Date of Receipt
City Edinburg	State Zip Code TX 78539	08 15 2014  Transaction ID : SA11AI.27005  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	35.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  Mr. Marco Gomez  Mailing Address 2705 Biltmore		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.27412  Amount of Each Receipt this Period  35.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  315.00	contribution
Full Name (Last, First, Middle Initial)  Mr. Michael Gonzales  Mailing Address 204 Valenca		Date of Receipt  09 12 2014
City Weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11AI.27415  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)   Other	Occupation private investor  Aggregate Year-to-Date ▼  225.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	95.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Ada Gonzalez  Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	07 11 2014  Transaction ID : SA11AI.26665  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	75.00 contribution
selfemployed Receipt For: Primary General	Occupation private investor  Aggregate Year-to-Date ▼  525.00	
Full Name (Last, First, Middle Initial)  Ada Gonzalez  Mailing Address ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■	525.00	Date of Receipt
Mailing Address P.O. Box 9817  City alamo	State Zip Code TX 78516	08 15 2014  Transaction ID : SA11AI.27009  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78516	Amount of Each Receipt this Period  75.00
Name of Employer selfemployed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date V	
Full Name (Last, First, Middle Initial)  Ada Gonzalez  Mailing Address P.O. Box 9817		Date of Receipt
City alamo	State Zip Code TX 78516	09 12 2014  Transaction ID : SA11AI.27416  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	675.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	225.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez  Mailing Address 2305 Monaco Drive		Date of Receipt
		07 11 2014
City	State Zip Code TX 78574	Transaction ID : SA11AI.26667
mission	17 76574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  3. Alfredo Gonzalez		Date of Receipt
Mailing Address 2305 Monaco Drive		08 15 _2014 _
City	State Zip Code	08 15 2014 Transaction ID : SA11AI.27011
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)		Data of Bassint
Alfredo Gonzalez  Mailing Address 2305 Monaco Drive		Date of Receipt
Maining Address 2305 Monaco Drive		09 122014
City	State Zip Code	Transaction ID : SA11AI.27418
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (option	al)	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Jaime Gonzalez  Mailing Address 3511 Plazas del Lago		Date of Receipt
City edinburg FEC ID number of contributing	State Zip Code TX 78539	7 11 2014 Transaction ID : SA11AI.26668 Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	250.00 contribution
Primary General  Other (specify) ▼  Full Name (Last First Middle Initial)	1750.00	
Full Name (Last, First, Middle Initial)  3. Jaime Gonzalez  Mailing Address 3511 Plazas del Lago		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.27012  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:	Occupation private investor	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Jaime Gonzalez  Mailing Address 3511 Plazas del Lago		Date of Receipt  09 12 2014
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.27419  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation private investor  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	2250.00	750.00
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Full Name (Last, First, Middle Initial)  A. Dr. Mark Gonzalez  Mailing Address 2405 Dorado Drive  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  O7 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  Mission  FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  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  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  99 12 2014  Transaction ID: SA11AI.27420  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line number		150.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood		Date of Receipt
City weslaco FEC ID number of contributing	State Zip Code TX 78596	7 11 2014 Transaction ID : SA11AI.26670 Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed	Occupation physician	250.00 contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  3. Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood		Date of Receipt  08 15 2014
City weslaco  FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.27014  Amount of Each Receipt this Period  250.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date V	
Full Name (Last, First, Middle Initial)  Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood		Date of Receipt  09 12 2014
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27421  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Verley Gordon  Mailing Address 1700 E. Mile 3 Road		Date of Receipt
	-	07 11 2014
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.26671
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution
Full Name (Last, First, Middle Initial)  Verley Gordon  Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	08 15 2014  Transaction ID : SA11AI.27015  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution
Full Name (Last, First, Middle Initial) Verley Gordon  Mailing Address 1700 E. Mile 3 Road  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission  FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	* *	
Full Name (Last, First, Middle Initial)  A. Enrique Griego  Mailing Address 905 Inspiratin Drive		Date of Receipt  07 11 2014
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.26672  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	contribution
Full Name (Last, First, Middle Initial)  Enrique Griego  Mailing Address 905 Inspiratin Drive	State 7in Code	Date of Receipt  08 15 2014
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.27016  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
Full Name (Last, First, Middle Initial)  Enrique Griego  Mailing Address 905 Inspiratin Drive	State 7in Code	Date of Receipt  09 12 2014
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.27423  Amount of Each Receipt this Period  400.00  contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	- Some Bullott
SUBTOTAL of Receipts This Page (optional)		1200.00
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) Dr. Maria Ruby Guajardo  Mailing Address 2603 Santa Laura		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26673
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:  Primary  Other (specify)   Other (specify)	Aggregate Year-to-Date ▼  350.00	-
Full Name (Last, First, Middle Initial)		
Dr. Maria Ruby Guajardo  Mailing Address 2603 Santa Laura		Date of Receipt
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27017  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Maria Ruby Guajardo		Date of Receipt
Mailing Address 2603 Santa Laura		09 12 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27424  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt
City	State Zip Code TX 78501	07 11 2014 Transaction ID : SA11AI.26674
Mcallen  FEC ID number of contributing federal political committee.	C 78501	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt  08 15 2014
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.27018  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial)  Daniel Guerra		Date of Receipt
Mailing Address 101 S. Broadway		09 12 2014
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.27425  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	- contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line numb	er only)	

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A 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) Marcy Guerra Date of Receipt Mailing Address 13337 Borolo Drive 07 2014 City State Zip Code Transaction ID: SA11AI.26676 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marcy Guerra Date of Receipt Mailing Address 13337 Borolo Drive 80 15 2014 City State Zip Code Transaction ID: SA11AI.27020 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marcy Guerra Date of Receipt Mailing Address 13337 Borolo Drive M M / 09 12 2014 City State Zip Code Transaction ID: SA11AI.27427 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Dr. Sarada Gummadi  Mailing Address 4404 Santa Fabiola		Date of Receipt  09 12 2014
City Mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.27428  Amount of Each Receipt this Period  25.00  contribution
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	225.00	
Alberto Gutierrez  Mailing Address 6020 Wisconsin  City	State Zip Code	Date of Receipt  07 11 2014
edinburg  FEC ID number of contributing federal political committee.	TX 78539	Transaction ID : SA11AI.26678  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution
Full Name (Last, First, Middle Initial)  Alberto Gutierrez  Mailing Address 6020 Wisconsin		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.27022  Amount of Each Receipt this Period  250.00  contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	525.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to construction from such committee.
Full Name (Last, First, Middle Initial)  Alberto Gutierrez  Mailing Address 6020 Wisconsin  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary  General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  99 12 2014  Transaction ID : SA11AI.27429  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78541  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26679  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary Other (specify)	State Zip Code TX 78541  C  Occupation physician  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)	)	1050.00

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General Other (specify) ▼	State Zip Code TX 78541  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	09 12 2014  Transaction ID : SA11AI.27430  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Miguel Gutierrez  Mailing Address 224 Lindberg	State 7:- Code	Date of Receipt  07 11 2014
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78501  C Occupation	Transaction ID : SA11AI.26680  Amount of Each Receipt this Period  250.00  contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1750.00	_
Full Name (Last, First, Middle Initial)  Miguel Gutierrez  Mailing Address 224 Lindberg  City	State Zip Code	Date of Receipt  08 15 2014  Transaction ID : SA11AI.27024
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	Occupation physician  Aggregate Vegato-Date   Aggregate Vegato-Date	Amount of Each Receipt this Period  250.00  contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	900.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Miguel Gutierrez  Mailing Address 224 Lindberg		Date of Receipt
City mcallen	State Zip Code TX 78501	09 12 2014  Transaction ID : SA11AI.27431  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Guzman  Mailing Address 2308 Highway 83 suite f		Date of Receipt  07 11 2014
City Penitas  FEC ID number of contributing federal political committee.	State Zip Code TX 78573	Transaction ID : SA11Al.26681  Amount of Each Receipt this Period  50.00
Name of Employer self-employee  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	contribution
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman  Mailing Address 2308 Highway 83 suite f		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Penitas  FEC ID number of contributing federal political committee.	State Zip Code TX 78573  C	Transaction ID : SA11AI.27025  Amount of Each Receipt this Period  50.00  contribution
Name of Employer  self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	
SUBTOTAL of Receipts This Page (optional)		350.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		09 12 2014 .
City	State Zip Code	Transaction ID : SA11AI.27432
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) 3. Victor Haddad		Date of Receipt
Mailing Address 4008 Burns Drive South		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	07 11 2014
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing		sant of Edon Hoodipt this I enou
federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2800.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 4008 Burns Drive South		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27026
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3200.00	<u></u>
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using th	e 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)  Victor Haddad  Mailing Address 4008 Burns Drive South		Date of Receipt
City mcallen	State Zip Code TX 78503	09 12 2014  Transaction ID : SA11AI.27433  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	Contribution
Full Name (Last, First, Middle Initial)  Thomas Hausle  Mailing Address 701 South J	State Zip Code	Date of Receipt  07 11 2014
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.26683  Amount of Each Receipt this Period  75.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  525.00	contribution
Full Name (Last, First, Middle Initial)  Robert Helbing  Mailing Address 820 Tamarack  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26684
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 50.00
Name of Employer  self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  350.00	contribution
SUBTOTAL of Receipts This Page (optional)	·····	525.00
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NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDER	sing the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	NAL FAU	
Robert Helbing  Mailing Address 820 Tamarack		Date of Receipt
City	State Zip Code	08
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Robert Helbing	'	Date of Receipt
Mailing Address 820 Tamarack		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	09 12 2014 Transaction ID : SA11Al.27434
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 3414 Pricess Street		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27435
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optic	onal)	125.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  Ms Monica Hensler  Mailing Address 3414 Princess Street		Date of Receipt			
City Edinburg	State Zip Code TX 78539	09 12 2014  Transaction ID : SA11AI.27436  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer selfemployed	Occupation private investor	- contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00				
Full Name (Last, First, Middle Initial)  Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt			
City Pharr	State Zip Code TX 78577	7 11 2014 Transaction ID : SA11AI.26687 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00				
Full Name (Last, First, Middle Initial)  Ambrosio Hernandez		Date of Receipt			
Mailing Address 2000 Dana	Ctoto 7'- 0 '	08 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.27031  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	. contribution			
SUBTOTAL of Receipts This Page (optional)		525.00			
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or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.27437
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- contribution
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26689
mcallen  FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	- contribution
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City  mcallen	State Zip Code TX 78503	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼	250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  12 2014  Transaction ID: SA11Al.27439  Amount of Each Receipt this Period  250.00  contribution
Address 802 Inspiration Road  City  pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   General	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼	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)  Maria Hoffman  Mailing Address 802 Inspiration Road  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  08  15  2014  Transaction ID: SA11Al.27034  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt
City pharr	State Zip Code TX 78577	09 12 2014  Transaction ID : SA11AI.27440  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
Full Name (Last, First, Middle Initial)  Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City	State Zip Code	Date of Receipt  07 11 2014
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.26691  Amount of Each Receipt this Period  50.00  contribution
Name of Employer self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City	State Zip Code	Date of Receipt  08 15 2014  Transaction ID: SA11Al.27035
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	he 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) Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27441  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employee	Occupation physician	50.00 contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  Vincent Honrubia  Mailing Address 204 Rio Grande		Date of Receipt  07 11 2014
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26692  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:	Occupation physician	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Vincent Honrubia  Mailing Address 204 Rio Grande		Date of Receipt  08 15 2014
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.27036  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	- Contribution
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	2000.00	550.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	he 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)  Vincent Honrubia  Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	09 12 2014  Transaction ID : SA11AI.27442  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
Full Name (Last, First, Middle Initial)  3. Dr. Syed Husain  Mailing Address 7020 N. 1st		Date of Receipt  07 11 2014
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504  C Occupation	Transaction ID : SA11AI.26693  Amount of Each Receipt this Period  100.00  contribution
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  Dr. Syed Husain  Mailing Address 7020 N. 1st  City	State Zip Code	Date of Receipt  08 15 2014
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  100.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	450.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Syed Husain  Mailing Address 7020 N. 1st		Date of Receipt
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27443
McAllen  FEC ID number of contributing federal political committee	TX 78504	Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  900.00	
Full Name (Last, First, Middle Initial)  3. Dr. Norma Iglesias  Mailing Address 712 S. Cage		Date of Receipt
City Pharr	State Zip Code TX 78577	07 11 2014  Transaction ID : SA11AI.26694  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias  Mailing Address 712 S. Cage		Date of Receipt
City Pharr	State Zip Code TX 78577	08 15 2014  Transaction ID : SA11AI.27038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
SUBTOTAL of Receipts This Page (optional)		900.00
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		solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Norma Iglesias  Mailing Address 712 S. Cage		Date of Receipt
City	State Zip Code	09 12 2014
City Pharr	State Zip Code TX 78577	Transaction ID : SA11Al.27444  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Jose E. Igoa	•	Date of Receipt
Mailing Address 3716 S 'J' Street		07 11 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26695
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)  C. Dr. Jose E. Igoa		Date of Receipt
Mailing Address 3716 S 'J' Street		08 15 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.27039  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
		contribution
Name of Employer	Occupation	
selfemployed	Occupation physician	
selfemployed Receipt For:	'	
selfemployed	physician	
selfemployed Receipt For: Primary General	physician  Aggregate Year-to-Date ▼  1000.00	650.00

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or for commercial purposes, other than using the	ne 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)  Dr. Jose E. Igoa  Mailing Address 3716 S 'J' Street		Date of Receipt
City McAllen	State Zip Code TX 78503	09 12 2014  Transaction ID : SA11Al.27445  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For: Primary General Other (cnecify) —	Occupation physician  Aggregate Year-to-Date ▼  1125.00	contribution
Full Name (Last, First, Middle Initial)  3. Dr. Fructueso Irigoyen	1125.00	Date of Receipt
Mailing Address 717 S. 'G' Street  City  McAllen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26696  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer Self employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  Dr. Fructueso Irigoyen  Mailing Address 717 S. 'G' Street		Date of Receipt  08 15 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27040  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  Self employed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	contribution
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	225.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Fructueso Irigoyen  Mailing Address 717 S. 'G' Street		Date of Receipt
City McAllen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11Al.27446  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer  Self employed  Receipt For:	Occupation physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Ms Marina Jacobson  Mailing Address 1505 Doherty		Date of Receipt
City Mission	State Zip Code TX 78572	09 12 2014  Transaction ID : SA11AI.27447  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Dr. Dinesk Jain		Date of Receipt
Mailing Address 6208 N. Cynthia	01.11	07 11 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26698  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number	er only)	

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14 13 15 16 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) Dr. Dinesk Jain Date of Receipt Mailing Address 6208 N. Cynthia 80 15 2014 City State Zip Code Transaction ID: SA11AI.27042 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Dinesk Jain Date of Receipt Mailing Address 6208 N. Cynthia 09 12 2014 City State Zip Code Transaction ID: SA11AI.27448 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Danielle Jinenez-Flores Date of Receipt Mailing Address 4212 Lebanon 2014 07 11 City Zip Code State Transaction ID: SA11AI.26699 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution

350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

1750.00

Occupation

Aggregate Year-to-Date ▼

physician

Name of Employer

Primary

Other (specify)

General

self-employed

Receipt For:

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	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon		Date of Receipt
City	State Zip Code	08 15 2014 Transaction ID : SA11AI.27043
Edinburg	TX 78539	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	- contribution
self-employed	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)  Dr. Danielle Jinenez-Flores	'	Date of Receipt
Mailing Address 4212 Lebanon		M = M / D = D / Y = Y = Y
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27449
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)		Data of Bassist
Dr. Belinda Jordan  Mailing Address 2621 Trenton		Date of Receipt
City	Choko 7:- Code	07 11 2014
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.26700  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (ontion	nal)	550.00
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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  Dr. Belinda Jordan  Mailing Address 2621 Trenton		Date of Receipt			
City Edinburg	State Zip Code TX 78539	7 Transaction ID : SA11AI.27044  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 contribution			
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  400.00				
Full Name (Last, First, Middle Initial)  3. Dr. Belinda Jordan  Mailing Address 2621 Trenton	Dr. Belinda Jordan				
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	7 Transaction ID : SA11AI.27450  Amount of Each Receipt this Period			
federal political committee.  Name of Employer self-employed	Occupation	50.00 contribution			
Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  450.00				
Full Name (Last, First, Middle Initial)  Donna Joule  Mailing Address, 708 S.H. Stroot		Date of Receipt			
Mailing Address 708 S H Street  City mcallen  FEC ID number of contributing	State Zip Code TX 78501	09 12 2014  Transaction ID : SA11AI.27451  Amount of Each Receipt this Period			
Receipt For:  Primary  Other (specify) ▼  Name of Employer  Selfemployed  General	Occupation physician  Aggregate Year-to-Date ▼  225.00	contribution			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	125.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Nelson Kalaf  Mailing Address 5401 N. 8th Street		Date of Receipt
City mcAllen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26702  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contributon
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Nelson Kalaf  Mailing Address 5401 N. 8th Street		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27046  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼	contributon
Full Name (Last, First, Middle Initial)  Nelson Kalaf  Mailing Address 5401 N. 8th Street  City	State Zip Code	Date of Receipt  O9 12 2014
mcAllen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.27452  Amount of Each Receipt this Period  250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contributon
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00
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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		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11Al.26703
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Gauri Kanhere  Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	08 15 2014
rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.27047  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)  C. Gauri Kanhere		Date of Receipt
Mailing Address 2548 Palm Circle		09 12 2014
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.27453  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name (Last, First, Middle Initial)  Dr. Adolfo Kaplan  Mailing Address 7902 N. 2th Street		Date of Receipt
	State 7in Code	07 11 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.26704  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1400.00	
Full Name (Last, First, Middle Initial)  Dr. Adolfo Kaplan  Mailing Address 7000 N. Oth Chapt	Date of Receipt	
Mailing Address 7902 N. 2th Street  City  McAllen	08 15 2014  Transaction ID: SA11Al.27048  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	TX 78504	200.00
Name of Employer self-employed	Occupation physician	Continuation
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial)  C. Dr. Adolfo Kaplan		Date of Receipt
Mailing Address 7902 N. 2th Street		09 12 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.27454  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Mr. Kambiz Khademi  Mailing Address P.O.Box 3422		Date of Receipt
City	State Zip Code	07 11 2014
McAllen	TX 78502	Transaction ID : SA11Al.26705  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer self-employed	Occupation physician	<ul><li>contribution</li></ul>
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  Mr. Kambiz Khademi		Date of Receipt
Mailing Address P.O.Box 3422  City	08 15 2014	
McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.27049  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial)  C. Mr. Kambiz Khademi	•	Date of Receipt
Mailing Address P.O.Box 3422		09 12 2014
City McAllen	State Zip Code TX 78502	Transaction ID : SA11Al.27455  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  360.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
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or for commercial purposes, other than using th	e 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. Dr. Salman Muhammad Khan  Mailing Address 3435 MacQuarie Drive		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Transaction ID : SA11AI.26706  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Salman Muhammad Khan  Mailing Address 3435 MacQuarie Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  08 15 2014  Transaction ID : SA11AI.27050  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27456  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	only)	

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

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RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only 11a 13	or	ne) 11b 14	11c	12 16		17
on conied from such Reports and Statements ma	ay not be sold or used by any ne	rson f	or the i	nur	nose of	soliciting	contributio	nns	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial)  Gholam Kiani  Mailing Address 213 e. Xenops		Date of Receipt				
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	7 11 2014 Transaction ID : SA11AI.26707 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution				
Full Name (Last, First, Middle Initial)  Gholam Kiani  Mailing Address 213 e. Xenops	holam Kiani iling Address 213 e. Xenops					
City mcallen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.27051  Amount of Each Receipt this Period  250.00  contribution				
Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	-				
Full Name (Last, First, Middle Initial) Cholam Kiani Mailing Address 213 e. Xenops	Out Till Colle	Date of Receipt  09 12 2014				
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.27457  Amount of Each Receipt this Period  250.00  contribution				
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	<u>·</u>	750.00				

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FOR LINE NUMBER: PAGE 128 OF

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mation conied from such Reports and Statements ma	y not be sold or used by any pers	son	for the i	nur	വടെ വ	f sc	olicitina	cor	ntributio	nns	

	and Statements may not be sold or used by any peing the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC				
Full Name (Last, First, Middle Initial)  Mr. John Kiker  Mailing Address 416 N. 17th Street		Date of Receipt			
		07 11 2014			
City	State Zip Code TX 78537	Transaction ID : SA11AI.26708			
Donna	TX 78537	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00				
Full Name (Last, First, Middle Initial)  Mr. John Kiker  Mailing Address 416 N. 17th Street	Date of Receipt				
City	State Zip Code	Transaction ID : SA11AI.27052			
Donna	TX 78537	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial)  C. Mr. John Kiker		Date of Receipt			
Mailing Address 416 N. 17th Street		09 12 2014			
City	State Zip Code	Transaction ID : SA11AI.27458			
Donna	TX 78537	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼				
Other (specify) ▼	450.00				
SUBTOTAL of Receipts This Page (option	nal)	150.00			
TOTAL This Period (last page this line no	umber only)				

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26709  Amount of Each Receipt this Period  150.00  contribution
Primary General Other (specify) ▼	1050.00	
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1200.00	Date of Receipt  08 15 2014  Transaction ID: SA11AI.27053  Amount of Each Receipt this Period  150.00  contribution
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary Other (specify)   General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1350.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27459  Amount of Each Receipt this Period  150.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	450.00
TOTAL This Period (last page this line number	r only)	

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Name of Employer Selfemployed Receipt For:    Primary	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	g the name and address of any political committee	
Full Name (Last, First, Middle Initial) 3. Jorge Kutugata  Mailing Address Rt 2 Box 522-K  City State Zip Code TX 78596  FEC ID number of contributing federal political committee.  Name of Employer selfemployed primary General Other (specify) ▼  City State Zip Code TX 78596  Coccupation physician  Receipt For: Primary General Other (specify) ▼  City State Zip Code TX 78596  Date of Receipt  Transaction ID : SA11AL:27054  Amount of Each Receipt this Period  Contribution  Date of Receipt  Transaction ID : SA11AL:27054  Amount of Each Receipt this Period  Contribution  Date of Receipt  Transaction ID : SA11AL:27460  Amount of Each Receipt this Period  Contribution  Date of Receipt  Transaction ID : SA11AL:27460  Amount of Each Receipt this Period  City State Zip Code TX 78596  FEC ID number of contributing federal political committee.  Contribution  Date of Receipt  Contribution	Full Name (Last, First, Middle Initial)  Jorge Kutugata  Mailing Address Rt 2 Box 522-K  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼	07 11 2014  Transaction ID : SA11AI.26710  Amount of Each Receipt this Period  250.00
City State Zip Code TX 78596  FEC ID number of contributing federal political committee.  Name of Employer selfemployed physician  Receipt For:  Primary General Other (specify) ▼	3. Jorge Kutugata		┥
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jorge Kutugata  Mailing Address Rt 2 Box 522-K  City State Zip Code TX 78596  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M J D D D D D D D D D D D D D D D D	City weslaco FEC ID number of contributing	TX 78596	Transaction ID : SA11AI.27054
Mailing Address Rt 2 Box 522-K  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer  selfemployed  Receipt For:  Primary  Other (specify) ▼  Date of Receipt  M M M M O D D D O O O O O O O O O O O O	selfemployed  Receipt For: Primary General	physician  Aggregate Year-to-Date ▼	contribution
Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  2250.00	Mailing Address Rt 2 Box 522-K  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer	TX 78596  C Occupation	09 12 2014  Transaction ID : SA11AI.27460  Amount of Each Receipt this Period  250.00
750.0	Receipt For: Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional	I)	750.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Ramiro Leal  Mailing Address 601 Tulip		Date of Receipt
City mcallen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26712  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  3. Ramiro Leal	350.00	Date of Receipt
Mailing Address 601 Tulip  City	08 15 2014 Transaction ID : SA11AI.27058	
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed  Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)	400.00	
Ramiro Leal  Mailing Address 601 Tulip		Date of Receipt  09 12 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27462  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	. contribution
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee  PAC	to some contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Raul Ledesma  Mailing Address 5508 N. 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  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)  Dr. Raul Ledesma  Mailing Address 5508 N. 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  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)  Dr. Raul Ledesma  Mailing Address 5508 N. 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	·····	300.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Dr. Rick Lin  Mailing Address 5112 N. 10th Street		Date of Receipt
City McAllen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27466  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer self-employee Receipt For:	Occupation physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Dr. Enrique Linan  Mailing Address 3003 Santo Olivia		Date of Receipt  09 12 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27467  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Dale Linebarger		Date of Receipt
Mailing Address 901 West 9th Street #405	Chata	07 11 2014
City austin	State Zip Code TX 78703	Transaction ID : SA11AI.26719  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2800.00	contribution
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	450.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e 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)  Dale Linebarger  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code TX 78703  C  Occupation private investor  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
Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify) ▼	State Zip Code TX 78703  C  Occupation private investor  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)  Dr. Linette Linsangan  Mailing Address 105 E. Yellowhammer  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  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)	<b>&gt;</b>	900.00
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Linette Linsangan		Date of Receipt
Mailing Address 105 E. Yellowhammer		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27065
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ¥	1
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  Dr. Linette Linsangan	'	Date of Receipt
Mailing Address 105 E. Yellowhammer		M = M / D = D / Y = Y = Y
City	State Zip Code	09 12 2014
McAllen		Transaction ID : SA11AI.27469
	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Mr. Segundo Lizardo	I	Date of Receipt
Mailing Address 800 Amethyst Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27470
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real-to-Date ▼	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (options	al)	225.00
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to some continuations from such confillities.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Mr. Nelson Loggiodice		Date of Receipt
Mailing Address 3098 N. Jackson Rd		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26723
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	contribution
Self employed	investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggregate real to bate v	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial)  Mr. Nelson Loggiodice	•	Date of Receipt
Mailing Address 3098 N. Jackson Rd		08 15 2014 _
City	State Zip Code	Transaction ID : SA11AI.27068
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
	Occupation	contribution
Name of Employer Self employed	Occupation	
	investor	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)  Mr. Nelson Loggiodice		Date of Receipt
Mailing Address 3098 N. Jackson Rd		
Maining Additions Suga N. Jackson Rd		09 12 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.27472
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	30.00
Name of Employer	Occupation	contribution
Self employed	investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle		Date of Receipt
City mcallen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11Al.26725  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle		Date of Receipt  08 15 2014
City mcallen	State Zip Code TX 78504	08 15 2014  Transaction ID : SA11AI.27069  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Alfredo Lopez		Date of Receipt
Mailing Address 7609 N. 24th Circle		09 12 / Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27474  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	er only)	

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r for commercial nurnoses, other than using the name and	address of any political committee	to coli	icit cont	ributione f	rom cuch	committee	

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Julio Lopez  Mailing Address 1311 6th E. Street		Date of Receipt
City	State Zip Code	07 11 2014
weslaco	TX 78596	Transaction ID : SA11AI.26726  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial)  Julio Lopez  Mailing Address 1311 6th E. Street		Date of Receipt
City weslaco	State Zip Code TX 78596	08 15 2014  Transaction ID : SA11AI.27070  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Julio Lopez		Date of Receipt
Mailing Address 1311 6th E. Street		09 12 2014
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27475  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (optional)		75.00
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ny information copied from such Reports and Statements m	ay not be sold or used by any pe	rson for the pur	pose of s	soliciting	contribution	ons

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Noel Lopez  Mailing Address 305 Condor		Date of Receipt
City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code TX 78502  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	7 11 2014 Transaction ID : SA11AI.26727 Amount of Each Receipt this Period 50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Noel Lopez  Mailing Address 305 Condor  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78502  C  Occupation physician  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)  Dr. Noel Lopez  Mailing Address 305 Condor  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78502  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 12 2014  Transaction ID: SA11Al.27476  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	150.00
TOTAL This Period (last page this line num	ber only)	

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

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or for commercial purposes, other than using t	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  1. Ms Pamela Lopez		Date of Receipt
Mailing Address 413 N. Gay Drive		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27477
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)	223.00	
3. Dr. Sergio Lozano		Date of Receipt
Mailing Address 2309 Spicewood Drive		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27478
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  C. Salil Mangi	•	Date of Receipt
Mailing Address 3801 Sundown Court East		07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26731
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)	·····	300.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Eas		08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.27075
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggrogato rear-to-Date ▼	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) 3. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Eas	st	M = M / D = D / Y = Y = Y = Y
City	State Zip Code	09 12 2014 Transaction ID + SA11AL 27490
mcallen	TX 78503	Transaction ID : SA11AI.27480
	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  Dr. Roberto M. Mangoo-Karim		Date of Boosint
Mailing Address 3817 Sundown Ct		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26732
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	875.00	
SUBTOTAL of Receipts This Page (optional	al)	625.00
	<del>`</del> _	
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using th	e 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) Dr. Roberto M. Mangoo-Karim  Mailing Address 3817 Sundown Ct  City	State Zip Code	Date of Receipt    M = M   / D = D   / Y = Y = Y = Y
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Roberto M. Mangoo-Karim  Mailing Address 3817 Sundown Ct  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Carlos Manrique  Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  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)	<u> </u>	650.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 143 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political committee	to solicit contributions from such committee.		
BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial)  Carlos Manrique		Date of Receipt		
Mailing Address 116 Cardinal		08 15 2014		
City	State Zip Code	Transaction ID : SA11AI.27077		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼	7		
Primary General				
Other (specify) ▼	3200.00			
Full Name (Last, First, Middle Initial)  Carlos Manrique		Date of Receipt		
Mailing Address 116 Cardinal		09 12 2014		
City	State Zip Code	Transaction ID : SA11AI.27482		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼	7		
Primary General Other (specify) ▼	3600.00			
Full Name (Last, First, Middle Initial)  . Agustin Martinez		Date of Receipt		
Mailing Address 7603 N. 2nd Lane		07 11 2014		
City	State Zip Code	Transaction ID : SA11AI.26734		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	contribution		
selfemployed	physician	_		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	2800.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00		
TOTAL This Period (last page this line number				

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14 13 15 16 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) Agustin Martinez Date of Receipt Mailing Address 7603 N. 2nd Lane 80 15 2014 City State Zip Code Transaction ID: SA11AI.27078 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Agustin Martinez Date of Receipt Mailing Address 7603 N. 2nd Lane 09 12 2014 City State Zip Code Transaction ID: SA11AI.27483 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ricardo Martinez Date of Receipt Mailing Address 1903 W. Smith 07 11 2014 City State Zip Code Transaction ID: SA11AI.26735 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify)

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

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

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1050.00

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Any information copied from such Reports and Son for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial)  A. Ricardo Martinez  Mailing Address 1903 W. Smith		Date of Receipt			
	Stoto 75- O-4-	08 15 2014			
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.27079  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
selfemployed Receipt For:	physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00				
Full Name (Last, First, Middle Initial)  3. Ricardo Martinez		Date of Receipt			
Mailing Address 1903 W. Smith		M = M / D = D / Y = Y = Y = Y = O			
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27484			
edinburg	TX 78539	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	Occupation	contribution			
Receipt For:	physician				
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00				
Full Name (Last, First, Middle Initial)  Dr. Robert Martinez		Date of Receipt			
Mailing Address 2809 Santa Lydia		07 11 2014			
City	State Zip Code	Transaction ID : SA11AI.26736			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
self-employee	physician				
Receipt For:    Primary   General	Aggregate Year-to-Date ▼				
Other (specify) ▼	700.00				
SUBTOTAL of Receipts This Page (optional)		600.00			
TOTAL This Period (last page this line number of	only)				

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Robert Martinez  Mailing Address 2809 Santa Lydia		Date of Receipt
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.27080  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Robert Martinez  Mailing Address 2809 Santa Lydia		Date of Receipt
City Mission	State Zip Code TX 78572	7
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca		07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1750.00	- contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	er only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Santos Martinez  Mailing Address 125 East Yucca  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  08 15 2014  Transaction ID : SA11AI.27081  Amount of Each Receipt this Period  250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2000.00	- contribution
Full Name (Last, First, Middle Initial)  Santos Martinez  Mailing Address 125 East Yucca  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	TX 78504  C  Occupation private investor	Transaction ID: SA11AI.27486  Amount of Each Receipt this Period  250.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Dr. Israel Mata  Mailing Address 2601 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u>^</u>	550.00

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Israel Mata  Mailing Address 2601 Lakeshore Drive		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	08 15 2014  Transaction ID : SA11AI.27082  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	50.00 contributon
self-employed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  3. Dr. Israel Mata  Mailing Address 2601 Lakeshore Drive		Date of Receipt  09 12 2014
City Edinburg  FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.27487  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  General	Occupation physician Aggregate Year-to-Date ▼	contributon
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Nelson Mata  Mailing Address 1705 Palazzo	450.00	Date of Receipt
City Mission  FEC ID number of contributing	State Zip Code TX 78572	07 11 2014  Transaction ID : SA11AI.26739  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed	Occupation physician	100.00 contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  700.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	200.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Dr. Nelson Mata  Mailing Address 1705 Palazzo		Date of Receipt  08 15 2014
City Mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.27083  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	100.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Nelson Mata  Mailing Address 1705 Palazzo		Date of Receipt  09 12 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27488  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employed Receipt For:	Occupation physician	Continuation
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Ms Kimberely McNutt		Date of Receipt
Mailing Address 7716 N. 27th	State 7'n Code	09 12 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  225.00	_ contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	225.00
TOTAL This Period (last page this line number	er only)	

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		e name and address of any political committee to	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Javier Media		Date of Receipt
	Mailing Address 3601 Oakwood Lane		07 112014
	City	State Zip Code	Transaction ID : SA11AI.26742
	Mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	riggregate real to bate v	
	Other (specify) ▼	350.00	
В.	Full Name (Last, First, Middle Initial) Dr. Javier Media		Date of Receipt
	Mailing Address 3601 Oakwood Lane		08 15 2014
	City	State Zip Code	Transaction ID : SA11AI.27086
	Mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
<u>-</u>	Full Name (Last, First, Middle Initial) Dr. Javier Media		Date of Receipt
٠.	Mailing Address 3601 Oakwood Lane		09 12 _2014 _
	City	State Zip Code	Transaction ID : SA11AI.27491
	Mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) $\blacktriangledown$	450.00	
H	SUBTOTAL of Receipts This Page (optional)		150.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street  City  mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26743  Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	contribution
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street	State 7in Code	Date of Receipt  08 15 2014
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	State Zip Code TX 78501  C  Occupation physician	Transaction ID : SA11AI.27087  Amount of Each Receipt this Period  400.00  contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  3200.00	
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street  City	State Zip Code	Date of Receipt  09 12 2014  Transaction ID: SA11Al.27492
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	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	r only)	

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(check only one)								
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	13		14		15		16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ms Camen Martha Medina  Mailing Address 509 E. Yucca  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26744  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Ms Camen Martha Medina  Mailing Address 509 E. Yucca  City  McAllen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt    M
federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	50.00 contribution
Full Name (Last, First, Middle Initial)  Ms Camen Martha Medina  Mailing Address 509 E. Yucca  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 12 2014  Transaction ID: SA11Al.27493  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	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Dr. Carlos Mego Date of Receipt Mailing Address 602 McColl Circle 2014 07 City State Zip Code Transaction ID: SA11AI.26745 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Carlos Mego Date of Receipt Mailing Address 602 McColl Circle 08 15 2014 City State Zip Code Transaction ID: SA11AI.27089 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Carlos Mego Date of Receipt Mailing Address 602 McColl Circle 09 12 2014 City State Zip Code Transaction ID: SA11AI.27494 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)

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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
۹.	Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri  Mailing Address 7120 Ware Road  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  630.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O7 11 2014  Transaction ID: SA11AI.26746  Amount of Each Receipt this Period  90.00  contribution
3.	Full Name (Last, First, Middle Initial)  Dr. Imtiaz Mehkri  Mailing Address 7120 Ware Road  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D 15 2014  Transaction ID: SA11AI.27090  Amount of Each Receipt this Period  90.00  contribution
<b>C</b> .	Full Name (Last, First, Middle Initial)  Dr. Imtiaz Mehkri  Mailing Address 7120 Ware Road  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  810.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	SUBTOTAL of Receipts This Page (optional)		270.00
Т	OTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial)  Manuel Mercado  Mailing Address 3002 Santa Susana	Date of Receipt				
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26749			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
selfemployed  Receipt For:  Primary  General  Other (specify)	physician  Aggregate Year-to-Date ▼  1750.00				
Full Name (Last, First, Middle Initial)  3. Manuel Mercado  Mailing Address 3002 Santa Susana		Date of Receipt			
Mailing Address 3002 Santa Susana  City mission	State Zip Code TX 78572	7 Transaction ID : SA11AI.27093  Amount of Each Receipt this Period  250.00			
FEC ID number of contributing federal political committee.	C 78572				
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
Full Name (Last, First, Middle Initial)  . Manuel Mercado		Date of Receipt			
Mailing Address 3002 Santa Susana		09 12 2014			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.27498  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	contribution				
Receipt For:  Primary  Other (specify)	physician  Aggregate Year-to-Date ▼  2250.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER: PAGE 156 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 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) Scott Meyer Date of Receipt Mailing Address 2100 School Lane 2014 07 City State Zip Code Transaction ID: SA11AI.26750 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Meyer Date of Receipt Mailing Address 2100 School Lane 08 15 2014 City State Zip Code Transaction ID: SA11AI.27094 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Scott Meyer Date of Receipt Mailing Address 2100 School Lane 09 12 2014 City State Zip Code Transaction ID: SA11AI.27499 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 157 OF Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)	DAG	
BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Emil Milano		Date of Receipt
Mailing Address 225 E. Cornell		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26751
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial) Dr. Emil Milano		Date of Receipt
Mailing Address 225 E. Cornell		08 15 2014 _
City	State Zip Code	Transaction ID : SA11AI.27095
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	contribution	
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial)		Data of Descipt
Dr. Emil Milano  Mailing Address 225 E. Cornell		Date of Receipt
City	State Zip Code	09 12 2014
McAllen	TX 78504	Transaction ID : SA11AI.27500
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer	contribution	
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)		300.00

FOR LINE NUMBER: PAGE 158 OF 285 Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.  Mailing Address 2821 Michael Angelo	Date of Receipt	
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78539  C  Occupation physician	07 11 2014 Transaction ID : SA11Al.26753 Amount of Each Receipt this Period 100.00 contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  Carlos N Mohamed Jr.  Mailing Address 2821 Michael Angelo		Date of Receipt  08 15 2014
City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.27098  Amount of Each Receipt this Period  100.00
Name of Employer self-employed  Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.  Mailing Address 2821 Michael Angelo	800.00	Date of Receipt
City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	7 12 2014 Transaction ID : SA11AI.27502 Amount of Each Receipt this Period
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution
SUBTOTAL of Receipts This Page (optional)	····	300.00
TOTAL This Period (last page this line numb	per only)	

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) Dr. Samira T. Mohamed Date of Receipt Mailing Address 324 Heron 07 2014 City Zip Code State Transaction ID: SA11AI.26754 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Samira T. Mohamed Date of Receipt Mailing Address 324 Heron 08 15 2014 City State Zip Code Transaction ID: SA11AI.27099 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General

400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Samira T. Mohamed Date of Receipt Mailing Address 324 Heron 09 12 2014 City Zip Code State Transaction ID: SA11AI.27503 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify)

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

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial)  Dr. Aparna Mohan  Mailing Address 7808 North Cynthia	Date of Receipt				
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26755			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	30.00			
Name of Employer Self employed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00				
Full Name (Last, First, Middle Initial)  3. Dr. Aparna Mohan  Mailing Address 7808 North Cynthia		Date of Receipt			
City	08 15 2014 Transaction ID : SA11Al.27100				
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  30.00			
Name of Employer Self employed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00				
Full Name (Last, First, Middle Initial) Dr. Aparna Mohan		Date of Receipt			
Mailing Address 7808 North Cynthia		09 12 2014			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27504  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer Self employed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00				
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)	_	
<u>/</u>	BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Ruben Mohme		Date of Receipt
	Mailing Address 7309 N. 4th Street		07 11 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.26756
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	100.00
	Name of Employer	Occupation	contribution
	self-employed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real to bate \$	
	Other (specify) ▼	700.00	
В.	Full Name (Last, First, Middle Initial) Dr. Ruben Mohme		Date of Receipt
	Mailing Address 7309 N. 4th Street		08 15 2014
	City	State Zip Code	Transaction ID : SA11AI.27101
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	contribution
	self-employed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	
— С.	Full Name (Last, First, Middle Initial)  Dr. Ruben Mohme		Date of Receipt
<b>.</b>	Mailing Address 7309 N. 4th Street		09 12 _2014 _
	City	State Zip Code	Transaction ID : SA11AI.27505
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	contribution
	self-employed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	r gg. cgc . ca to 2 and 1	
	Other (specify) ▼	900.00	
s	UBTOTAL of Receipts This Page (optional)		300.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
<u>.</u> А.	Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
	Mailing Address 1421 North 2nd Street		07 11 2014 L
	City	State Zip Code	Transaction ID : SA11AI.26757
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2800.00	
В.	Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
	Mailing Address 1421 North 2nd Street		08 15 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.27102
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	400.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
٠.	Mailing Address 1421 North 2nd Street		09 12 _2014 _
	City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27506
		76304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	3600.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)  Dr. Guillermo Montanez  Mailing Address 100 S. W. Augusta Square		Date of Receipt  07 11 2014
City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Transaction ID: SA11AI.26758  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial) Dr. Guillermo Montanez  Mailing Address 100 S. W. Augusta Square  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For:  Primary General	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Guillermo Montanez  Mailing Address 100 S. W. Augusta Square  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  12 2014  Transaction ID: SA11AI.27507  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Carlos Morales  Mailing Address 3325 Kent Lane  City	State Zip Code	Date of Receipt  07
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Carlos Morales  Mailing Address 3325 Kent Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation physician  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) Carlos Morales  Mailing Address 3325 Kent Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  9 12 2014  Transaction ID: SA11AI.27508  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1200.00
TOTAL This Period (last page this line numb	er only)	

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or	for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Α.	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		07 11 2014
	City	State Zip Code	Transaction ID : SA11AI.26761
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real-to-Date V	
	Other (specify) ▼	1750.00	
В.	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		08 15 2014
	City	State Zip Code	Transaction ID : SA11AI.27106
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
_	Other (specify) ▼	200.00	
C.	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		09 12 2014
	City mission	State Zip Code TX 78572	Transaction ID : SA11AI.27511  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	contribution
	selfemployed	physician	
	Receipt For:		1
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	2250.00	
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number		750.00

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r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee t	
Full Name (Last, First, Middle Initial)	AL FAU	
Mr. LeRoy Moreno  Mailing Address 6908 N. 31st		Date of Receipt
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27512
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.86
Name of Employer	Occupation	- contribution
Self employed	investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  221.43	
Full Name (Last, First, Middle Initial) Dr. Namitha Najaraj	,	Date of Receipt
Mailing Address 2605 San Lucas		M M / D D / Y Y Y Y Y
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27513
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)	'	Data of Descire
Dr. Sivakumari Nandipaty  Mailing Address 1509 N. Misty Lane		Date of Receipt  07 11 2014
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.26764  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_ contribution
self-employed	physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optiona	ıl)	98.86
TOTAL This Period (last page this line num	<u>·</u>	

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or for commercial purposes, other than using the	he 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)  Dr. Sivakumari Nandipaty  Mailing Address 1509 N. Misty Lane		Date of Receipt		
		08 15 2014		
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27109		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00		
Name of Employer self-employed	Occupation physician	<ul><li>contribution</li></ul>		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  400.00	_		
Full Name (Last, First, Middle Initial)  3. Dr. Sivakumari Nandipaty		Date of Receipt		
Mailing Address 1509 N. Misty Lane		09 12 2014 _		
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27514  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan		Date of Receipt		
Mailing Address 111 NE Augusta Square		07 11 2014		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26765  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	_ contribution		
self-employed	physician	_		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00			
SUBTOTAL of Receipts This Page (optional)	er only)	200.00		

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EWIZED RECEIPTS	Detailed Summary Page	[	<b>X</b> 11a		11b		11c		12			
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ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson	for	the pu	rpos	se of	sol	liciting	cor	ntribution	ns	

A 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) Dr. William O'Callaghan Date of Receipt Mailing Address 111 NE Augusta Square 2014 15 City State Zip Code Transaction ID: SA11AI.27110 TX 78504 McAllen Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William O'Callaghan Date of Receipt Mailing Address 111 NE Augusta Square 09 12 2014 City State Zip Code Transaction ID: SA11AI.27515 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Alfonso Ochoa Date of Receipt Mailing Address 1901 W. 18th Street 07 11 2014 City State Zip Code Transaction ID: SA11AI.26766 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Alfonso Ochoa  Mailing Address 1901 W. 18th Street		Date of Receipt
City	State Zip Code	08 15 2014
Weslaco	TX 78596	Transaction ID : SA11AI.27111  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  3. Dr. Alfonso Ochoa  Mailing Address 1901 W. 18th Street		Date of Receipt
City Weslaco	09 12 2014  Transaction ID : SA11AI.27516  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	TX 78596	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Ms Jessica Ochoa		Date of Receipt
Mailing Address 1920 Treasure Oak Drive		09 12 2014
City Harlingen	State Zip Code TX 78550	Transaction ID : SA11AI.27517  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Ricardo Ochoa  Mailing Address 2421 N. 'J' Street		Date of Receipt
City McAllen	State Zip Code TX 78501	07 11 2014  Transaction ID : SA11Al.26768  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)  Mr. Ricardo Ochoa  Mailing Address 2421 N. 'J' Street		Date of Receipt
City McAllen	State Zip Code TX 78501	08 15 2014  Transaction ID : SA11AI.27113  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Mr. Ricardo Ochoa		Date of Receipt
Mailing Address 2421 N. 'J' Street		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.27518  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  900.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana  Mailing Address 2604 Santa Teresa		Date of Receipt
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.26769
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation doctor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)  Dr. Victor Ogunlana  Mailing Address 2604 Santa Teresa		Date of Receipt  08 15 2014
City Mission	State Zip Code TX 78572	08 15 2014  Transaction ID : SA11AI.27114  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27519  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation doctor  Aggregate Year-to-Date ▼  900.00	- contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Noel Olveira		Date of Receipt
Mailing Address 9917 Bentsen Road		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26770
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)  3. Dr. Noel Olveira		Date of Receipt
Mailing Address 9917 Bentsen Road		08 15 _2014 _
City	State Zip Code	08 15 2014 Transaction ID : SA11Al.27115
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Noel Olveira		Date of Receipt
Mailing Address 9917 Bentsen Road		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.27520
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26771
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  3. Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	08 15 2014 Transaction ID : \$A11A1 27116
Edinburg	TX 78539	Transaction ID : SA11Al.27116  Amount of Each Receipt this Period
FEC ID number of contributing		, another of Each recorpt this i chou
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  Dr. Athanaji Orfanos	I .	Date of Receipt
Mailing Address 3013 Lakeshore Drive		Date of Receipt
		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27521
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (options	al)	300.00
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or for commercial purposes, other than using	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  1. Dr. John Orfanos		Date of Receipt
Mailing Address 5416 N. Cynthia		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26772
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  3. Dr. John Orfanos  Mailing Address 5416 N. Cynthia	I	Date of Receipt
		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27117
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. John Orfanos		Date of Receipt
Mailing Address 5416 N. Cynthia		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78504	Transaction ID : SA11AI.27522
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	150.00
TOTAL This Period (last page this line num	<u> </u>	

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

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or for commercial purposes, other than using	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Juan Ortiz		Date of Receipt
Mailing Address 4501 N. Cynthia		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26774
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  3. Juan Ortiz		Date of Receipt
Mailing Address 4501 N. Cynthia		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27119
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Juan Ortiz	·	Date of Receipt
Mailing Address 4501 N. Cynthia		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27524
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optiona	ı) <b>&gt;</b>	150.00
TOTAL This Period (last page this line num	<u> </u>	

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

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or for commercial purposes, other than using the	he 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) Armando Osio  Mailing Address 600 Tulip		Date of Receipt
City mcallen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26775  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Armando Osio  Mailing Address 600 Tulip		Date of Receipt  08 15 2014
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27120  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution
Full Name (Last, First, Middle Initial)  Armando Osio  Mailing Address 600 Tulip  City	State Zip Code	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27525
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personant name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial)  Carmen Osorio-Castillo  Mailing Address 1601 Sebastian Drive		Date of Receipt		
City	State Zip Code	07 11 2014		
Mission	TX 78572	Transaction ID : SA11AI.26776  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employee	Occupation private investor	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial)  3. Carmen Osorio-Castillo  Mailing Address 1601 Separting Priva		Date of Receipt		
Mailing Address 1601 Sebastian Drive  City	State Zip Code TX 78572	08 15 2014 Transaction ID : SA11AI.27121		
Mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  50.00		
Name of Employer self-employee	Occupation private investor	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo		Date of Receipt		
Mailing Address 1601 Sebastian Drive		09 12 _ 2014 _		
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27526  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employee	Occupation private investor	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
SUBTOTAL of Receipts This Page (optional)	·····	150.00		
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Fernando Otero  Mailing Address 131 F. Overseig		Date of Receipt
Mailing Address 121 E. Quamasia #148	Chata 7'- 0 '	07 11 2014
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26777  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Fernando Otero  Mailing Address 121 E. Quamasia  #148  City	State Zip Code	Date of Receipt  08 15 2014  Transaction ID + SA11AL 27122
mcallen	TX 78501	Transaction ID : SA11AI.27122  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		09 12 2014
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.27527  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Kip Owen  Mailing Address 2305 Red River		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11Al.26778
mcallen  FEC ID number of contributing federal political committee	TX 78572	Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	contribution
selfemployed Receipt For: Primary General	physician  Aggregate Year-to-Date ▼	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  Kip Owen  Mailing Address 2305 Red River		Date of Receipt
City	State Zip Code	08 15 2014 Transaction ID : SA11AI.27123
mcallen	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  . Kip Owen		Date of Receipt
Mailing Address 2305 Red River		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.27528  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Juan Padilla  Mailing Address p.o. box 3702		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78502  C  Occupation physician  Aggregate Year-to-Date ▼  225.00	Transaction ID : SA11AI.27529  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Esteban Palacios Jr.  Mailing Address P.O. Box 3669  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78540  C  Occupation private investor  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)  Mr. Esteban Palacios Jr.  Mailing Address P.O. Box 3669  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78540  C  Occupation private investor  Aggregate Year-to-Date ▼  400.00	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional)	<u> </u>	125.00
TOTAL This Period (last page this line number	r only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Mr. Esteban Palacios Jr. Date of Receipt Mailing Address P.O. Box 3669 2014 09 City State Zip Code Transaction ID: SA11AI.27530 TX 78540 Edinburg Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Prakash Palimar Date of Receipt Mailing Address 121 Canary 07 2014 11 City State Zip Code Transaction ID: SA11AI.26781 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Prakash Palimar Date of Receipt Mailing Address 121 Canary 80 15 2014 City State Zip Code Transaction ID: SA11AI.27126 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Prakash Palimar  Mailing Address 121 Canary		Date of Receipt		
City	09 12 2014 Transaction ID : SA11Al.27531			
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial)  3. Umesh Pathak  Mailing Address 2004 Alexander Drive		Date of Receipt		
City weslaco	State Zip Code TX 78596	07 11 2014  Transaction ID : SA11Al.26782  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00			
Full Name (Last, First, Middle Initial)  C. Umesh Pathak		Date of Receipt		
Mailing Address 2004 Alexander Drive		08 15 2014		
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27127  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		450.00		
TOTAL This Period (last page this line number	r only)			

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

				PAGE	1	83 OF	: :	285			
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial)  Umesh Pathak  Mailing Address 2004 Alexander Drive	Umesh Pathak					
City weslaco  FEC ID number of contributing federal political committee.	State Zip Code TX 78596	09 12 2014  Transaction ID : SA11AI.27532  Amount of Each Receipt this Period  100.00				
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution				
Full Name (Last, First, Middle Initial)  Dr. Harold J. Pean  Mailing Address 700  Brazos  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  Other (specify)   General	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  700.00	Date of Receipt  O7 11 2014  Transaction ID: SA11Al.26783  Amount of Each Receipt this Period  100.00  contribution				
Full Name (Last, First, Middle Initial)  Dr. Harold J. Pean  Mailing Address 700  Brazos  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  800.00	Date of Receipt  M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using t	he 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)  Dr. Harold J. Pean  Mailing Address 700  Brazos  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  3. Dr. Guillermo Pechero  Mailing Address 2312 La Condesa  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26784
Edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa	Chata 7'- Only	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78539  C Occupation	Transaction ID : SA11AI.27129  Amount of Each Receipt this Period  250.00  contribution
self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	600.00
TOTAL This Period (last page this line number	er only)	

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or		name and address of any political committee to	
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa		Date of Receipt
	City Edinburg	7 Transaction ID : SA11AI.27534  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed Receipt For:	Occupation physician	contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena  Mailing Address 3716 Tigris		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.26785  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 contribution
	self-employed  Receipt For:  Primary General  Other (specify)	doctor  Aggregate Year-to-Date ▼  350.00	
C.	Full Name (Last, First, Middle Initial)  Dr. Alberto Pena  Mailing Address 3716 Tigris		Date of Receipt
	City Edinburg	State Zip Code TX 78539	08 15 2014  Transaction ID : SA11AI.27130  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00 contribution
	Name of Employer  self-employed  Receipt For:  Primary  Other (specify)	Occupation doctor  Aggregate Year-to-Date ▼  400.00	CONTRIBUTION
s	SUBTOTAL of Receipts This Page (optional)		350.00
Т	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27535
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
self-employed	doctor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  3. Jose Pena		Date of Receipt
Mailing Address 100 Bluebird		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26786
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Jose Pena	·	Date of Receipt
Mailing Address 100 Bluebird		08 15 2014
City	State Zip Code TX 78504	Transaction ID : SA11AI.27131
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3200.00	
SUBTOTAL of Receipts This Page (optional	l)	850.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Jose Pena  Mailing Address 100 Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27536  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	
Full Name (Last, First, Middle Initial)  3. Juan Pena  Mailing Address 905 S. Huisache Court		Date of Receipt  07 11 2014
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.26787  Amount of Each Receipt this Period  400.00
Name of Employer self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2800.00	- contribution
Full Name (Last, First, Middle Initial)  Juan Pena  Mailing Address 905 S. Huisache Court		Date of Receipt
City pharr FEC ID number of contributing	State Zip Code TX 78577	08 15 2014  Transaction ID : SA11AI.27132  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed Receipt For:	Occupation private investor	400.00 contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3200.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  1. Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Court		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27537
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	- contribution
self-employed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Raul Pena		Date of Receipt
Mailing Address 3500 San Clemente		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26788
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)  Dr. Raul Pena		Date of Receipt
Mailing Address 3500 San Clemente		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27133
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	_ contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line numb	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Raul Pena  Mailing Address 3500 San Clemente	Date of Receipt	
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27538
Mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1125.00	
Full Name (Last, First, Middle Initial)  Dr. Pedro Penalo  Mailing Address 906 S. Bridge		Date of Receipt  07 11 2014
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11Al.26789  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial)  Dr. Pedro Penalo		Date of Receipt
Mailing Address 906 S. Bridge		08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.27134  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1600.00	- contribution
SUBTOTAL of Receipts This Page (optional).		525.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Pedro Penalo  Mailing Address 906 S. Bridge		Date of Receipt
City Weslaco	State Zip Code TX 78596	09 12 2014  Transaction ID : SA11AI.27539  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial)  Dr. Nicholas Pereira  Mailing Address 7005 North Cynthia		Date of Receipt  07 11 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26790  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Nicholas Pereira		Date of Receipt
Mailing Address 7005 North Cynthia		08 15 / Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27135  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  500.00	. contribution
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira  Mailing Address 7005 North Cynthia  City  McAllen	Date of Receipt    M	
FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General Other (specify)	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Ernie Perez  Mailing Address P.O. Box 5360  City	State Zip Code	Date of Receipt  09 12 2014  Transaction ID: SA11Al.27541
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78502  C  Occupation private investor  Aggregate Year-to-Date ▼  225.00	Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Florencia Perez  Mailing Address 4600 Victoria  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation private investor  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)	<b>&gt;</b>	225.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Florencia Perez  Mailing Address 4600 Victoria		Date of Receipt
City	State Zip Code	08 15 2014 Transaction ID : SA11AI.27137
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  3. Dr. Florencia Perez  Mailing Address 4000 Victoria		Date of Receipt
Mailing Address 4600 Victoria  City	State Zip Code	09 12 2014 Transaction ID : SA11Al.27542
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson		07 11 2014
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.26793  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
SUBTOTAL of Receipts This Page (optional)		250.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Francisco Perez  Mailing Address 4726 S. Jackson		Date of Receipt
City	State Zip Code	08 15 2014
Edinburg	TX 78539	Transaction ID : SA11AI.27138  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  3. Dr. Francisco Perez  Mailing Address 4726 S. Jackson		Date of Receipt
City Edinburg	State Zip Code TX 78539	09 12 2014  Transaction ID : SA11AI.27543  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young		Date of Receipt
Mailing Address 109 N. Nueces Park Lane		07 11 2014
City Harlingen	State Zip Code TX 78552	Transaction ID : SA11AI.26794  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young  Mailing Address 109 N. Nueces Park Land	е	Date of Receipt
City	State Zip Code	08
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)	7	
B. Dr. Irene Perez-Young		Date of Receipt
Mailing Address 109 N. Nueces Park Land	e	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	09
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employee Receipt For:	physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		07 11 _ 2014 _
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26795  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2800.00	
SUBTOTAL of Receipts This Page (options	al)	500.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA		
	AC	
Full Name (Last, First, Middle Initial)  A. Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		08 15 7 2014
City	State Zip Code	Transaction ID : SA11AI.27140
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3200.00	
Full Name (Last, First, Middle Initial)  3. Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		09 12 2014 _
City	State Zip Code	Transaction ID : SA11AI.27545
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		Table 1. Last Hossips and Fortion
federal political committee.	C	400.00
Name of Employer	Occupation	contribution
	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial)  Mr. Francisco Pina		Date of Receipt
Mailing Address 129 E. Jones		09 12 2014
	State Zip Code	Transaction ID : SA11AI.27546
City	-	ITALISACTION ID . SATTALE 1340
City Pharr	TX 78577	
	1X 78577	Amount of Each Receipt this Period
Pharr FEC ID number of contributing		Amount of Each Receipt this Period
Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	С	Amount of Each Receipt this Period 25.00
Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	Occupation	Amount of Each Receipt this Period 25.00
Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General	Occupation private investor Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 25.00
Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	Occupation private investor	Amount of Each Receipt this Period 25.00
Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General	Occupation private investor  Aggregate Year-to-Date ▼  225.00	Amount of Each Receipt this Period 25.00

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Any information against from such Departs and Statements may not be cold or used by any person for the purpose of colisiting contributions				13	14		15		16		17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions	Any information copied from such Reports and Statements ma	ay not be sold or used by any pe	erson	for the	purpose c	of so	liciting	con	tributio	ns	

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) Ms Jessica Porras Date of Receipt Mailing Address 5128 North 10th Street 2014 City State Zip Code Transaction ID: SA11AI.27547 TX 78504 McAllen Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Sergio Preciado Date of Receipt Mailing Address 521 E. Bluebird 07 11 2014 City State Zip Code Transaction ID: SA11AI.26798 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sergio Preciado Date of Receipt Mailing Address 521 E. Bluebird 80 15 2014 City State Zip Code Transaction ID: SA11AI.27143 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	the name and address of any political committee  PAC	to some contributions from such committee.
BORDER HEALTH FEDERAL  Full Name (Last, First, Middle Initial)  Sergio Preciado  Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2250.00	Date of Receipt  09 12 2014  Transaction ID : SA11AI.27548  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Robert Prieto-Harris  Mailing Address 7516 N. 3rd  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  07
Full Name (Last, First, Middle Initial) Dr. Robert Prieto-Harris Mailing Address 7516 N. 3rd  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  08 15 2014  Transaction ID : SA11Al.27144  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb	<u>^</u>	350.00

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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.

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Robert Prieto-Harris  Mailing Address 7516 N. 3rd		Date of Receipt
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27549  Amount of Each Receipt this Period  50.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	- contribution
Full Name (Last, First, Middle Initial)  Ms Rosalba E. Puenta  Mailing Address 1701 N. Ebony  City	State Zip Code	Date of Receipt  09 12 2014  Transaction ID + SA11AL 37550
Pharr  FEC ID number of contributing federal political committee.	TX 78577	Transaction ID : SA11AI.27550  Amount of Each Receipt this Period  25.00
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  225.00	- contribution -
Full Name (Last, First, Middle Initial) Dr. Tin Quach Mailing Address 100 E. Zenaida  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  41.03  contribution
Primary General Other (specify) ▼	287.21	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	116.03
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Tin Quach  Mailing Address 100 E. Zenaida  City	State 7in Code	Date of Receipt  08 15 2014
City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  329.88	Transaction ID : SA11AI.27146  Amount of Each Receipt this Period  42.67  contribution
Full Name (Last, First, Middle Initial)  Dr. Tin Quach  Mailing Address 100 E. Zenaida  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self employed	State Zip Code TX 78504  C  Occupation physician	Date of Receipt  99 12 2014  Transaction ID: SA11AI.27551  Amount of Each Receipt this Period  42.67  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  372.55	
Full Name (Last, First, Middle Initial)  Dr. Maria Quinteros  Mailing Address 702 South 1st Lane  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78501  C  Occupation physician  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)	<b></b>	135.34
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Maria Quinteros  Mailing Address 702 South 1st Lane		Date of Receipt
City McAllen	State Zip Code TX 78501	08 15 2014  Transaction ID : SA11AI.27147  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  3. Dr. Maria Quinteros  Mailing Address 702 South 1st Lane		Date of Receipt
City McAllen	State Zip Code TX 78501	09 12 2014  Transaction ID : SA11AI.27552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Dr. Ernesto Ramirez		Date of Receipt
Mailing Address P.O.Box 720298		07 11 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.26804  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	200.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.			
BORDER HEALTH FEDERA	AL PAC				
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez		Date of Receipt			
Mailing Address P.O.Box 720298		08 15 2014			
City	State Zip Code	Transaction ID : SA11AI.27149			
McAllen	TX 78502	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
self-employee	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	Aggregate real to bate \$				
Other (specify) ▼	800.00				
Full Name (Last, First, Middle Initial)  B. Dr. Ernesto Ramirez		Date of Receipt			
Mailing Address P.O.Box 720298		09 12 2014			
City	State Zip Code	Transaction ID : SA11AI.27554			
McAllen	TX 78502	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů				
Name of Employer	contribution				
self-employee	Occupation physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	Aggregate real-to-Date ▼				
Full Name (Last, First, Middle Initial)  Dr. Samuel Ramirez		Data of Descipt			
Mailing Address 5201 N. 10th		Date of Receipt			
City	State Zip Code	07 11 2014  Transaction ID : SA11Al.26805			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00			
Name of Employer					
self-employee	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	280.00				
SUBTOTAL of Receipts This Page (options	al)	240.00			
TOTAL This Period (last page this line nun	nber only)				

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or for commercial purposes, other than using the	ne 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)  Dr. Samuel Ramirez  Mailing Address 5201 N. 10th		Date of Receipt
City McAllen	State Zip Code TX 78504	08 15 2014  Transaction ID : SA11AI.27150  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	40.00 contribution
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial)  Dr. Samuel Ramirez  Mailing Address 5201 N. 10th		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27555  Amount of Each Receipt this Period  40.00
Name of Employer self-employee  Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)	360.00	
Mailing Address 1608 Woods Drive		Date of Receipt  07 11 2014
City mission  FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.26806  Amount of Each Receipt this Period  250.00
federal political committee.  Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	330.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  A. Sergio Ramirez		Date of Receipt
Mailing Address 1608 Woods Drive		08 15 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.27151
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  Sergio Ramirez		Date of Receipt
Mailing Address 1608 Woods Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	09 12 2014
City	· ·	Transaction ID : SA11AI.27556
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  C. Gustavo Ramos	•	Date of Receipt
Mailing Address 1301 S. Perking		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26807
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	contribution
selfemployed	physicain	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2100.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	800.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  Gustavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27152
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	contribution
selfemployed	physicain	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	2400.00	
Full Name (Last, First, Middle Initial)  Gustavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27557
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	300.00
Name of Employer	contribution	
selfemployed	Occupation	
Receipt For:	physicain	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2700.00	
Full Name (Last, First, Middle Initial)		Data of Pagaint
Mailing Address P.O. Box 4412		Date of Receipt
Mailing Address P.U. BOX 4412		07 11 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26808
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	1
Other (specify)	330.00	1
SUBTOTAL of Receipts This Page (option	nal)	650.00
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TOTAL This Period (last page this line nu	imber only)	

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Keith Ramos		Date of Receipt
Mailing Address P.O. Box 4412		08 15 2014 L
City	State Zip Code	Transaction ID : SA11AI.27153
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	ggggc .ou. to bato ¥	1
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Dr. Keith Ramos		Date of Receipt
Mailing Address P.O. Box 4412		M = M / D = D / Y = Y = Y
City	State Zip Code	09 19 2014
McAllen	TX 78502	Transaction ID : SA11AI.27558
	10002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	contribution	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Mr. Mario Rangel		Date of Receipt
Mailing Address 3213 Lance Lot Lane		Date of Receipt
City	Choko Zir Co-d-	09 12 2014
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.27560
	,3555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer	Occupation	Contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	225.00	1
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (option	al)	125.00
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16 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) Ms Soraya Rangel Date of Receipt Mailing Address 2010 S. Cynthia Ste 110 2014 City State Zip Code Transaction ID: SA11AI.27561 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Shahid Rashid Date of Receipt Mailing Address 112 Canary 07 2014 11 City State Zip Code Transaction ID: SA11AI.26812 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  C. Dr. Shahid Rashid		Date of Receipt
Mailing Address 112 Canary		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27157
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	800.00	

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

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225.00

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or for commercial purposes, other than using th	ne 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. Dr. Shahid Rashid  Mailing Address 112 Canary		Date of Receipt
City McAllen	State Zip Code TX 78504	09 12 2014  Transaction ID : SA11AI.27562  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	- Contribution
Full Name (Last, First, Middle Initial)  R.V. Reddy  Mailing Address 1500 Southland Drive  City	State Zip Code	Date of Receipt  07 11 2014
weslaco  FEC ID number of contributing federal political committee.  Name of Employer	TX 78596  C Occupation	Transaction ID : SA11AI.26813  Amount of Each Receipt this Period  125.00  contribution
selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)  R.V. Reddy  Mailing Address 1500 Southland Drive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco  FEC ID number of contributing federal political committee	State Zip Code TX 78596	Transaction ID : SA11AI.27158  Amount of Each Receipt this Period  125.00
federal political committee.  Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1000.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	350.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  R.V. Reddy  Mailing Address 1500 Southland Drive  City	State Zip Code	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27563
weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Vangala Reddy  Mailing Address 605 Tulip  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1400.00	Date of Receipt  O7 11 2014  Transaction ID: SA11Al.26814  Amount of Each Receipt this Period  200.00  contribution
Full Name (Last, First, Middle Initial)  Vangala Reddy  Mailing Address 605 Tulip  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	525.00
TOTAL This Period (last page this line number	r only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Vangala Reddy Date of Receipt Mailing Address 605 Tulip 2014 09 City State Zip Code Transaction ID: SA11AI.27564 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Manuel Reinoso Date of Receipt Mailing Address 1400 E Ridge suite 7 09 12 2014 City State Zip Code Transaction ID: SA11AI.27565 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Restrepo Date of Receipt Mailing Address 1117 S. Cynthia 2014 07 11 City State Zip Code Transaction ID: SA11AI.26816 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify)

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475.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial)  William Restrepo  Mailing Address 1117 S. Cynthia		Date of Receipt		
City	State Zip Code	08 15 2014 Transaction ID : SA11Al.27161		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed Receipt For:	Occupation physician	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00			
Full Name (Last, First, Middle Initial)  William Restrepo  Mailing Address 1117 S. Cynthia		Date of Receipt		
City mcallen	State Zip Code TX 78504	09 12 2014 Transaction ID : SA11Al.27566		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial) Dr. Anna Reyes		Date of Receipt		
Mailing Address 320 North 7th Street		07 11 2014		
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.26817  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	550.00		
TOTAL This Period (last page this line number	only)			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial)  Dr. Anna Reyes  Mailing Address 320 North 7th Street		Date of Receipt		
City	State Zip Code	08 15 2014 Transaction ID : SA11Al.27162		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial)  Dr. Anna Reyes  Mailing Address 320 North 7th Street		Date of Receipt		
City McAllen	State Zip Code TX 78501	09 12 2014  Transaction ID : SA11Al.27567  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial)  Dr. Mihaela Ringheanu		Date of Receipt		
Mailing Address 3214  Banyan Circle  City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26818		
Harlingen	TX 78550	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer Self employed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	225.00		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using the	he 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)  Dr. Mihaela Ringheanu  Mailing Address 3214  Banyan Circle  City  Harlingen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code TX 78550  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    M
Address 3214  Banyan Circle  City  Harlingen  FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For:  Primary  Other (specify) ▼	State Zip Code TX 78550  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27568  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial) Homero Rivas  Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Homero Rivas  Mailing Address 100 E. Houston  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼	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) Homero Rivas Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  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)  Benjamin Robalino  Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physcian  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26820  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional	)	750.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Benjamin Robalino  Mailing Address 1217 S. Cynthia		Date of Receipt  08 15 2014
City	State Zip Code	08 15 2014 Transaction ID : SA11AI.27165
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physcian	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  Benjamin Robalino		Date of Receipt
Mailing Address 1217 S. Cynthia		M = M / D = D / Y = Y = Y
City	State Zip Code	09 12 2014 Transaction ID : SA11Al.27570
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physcian	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Martin Rocha	<u> </u>	Date of Receipt
Mailing Address P.O. Box 662		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26821
Santa Rosa	TX 78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optiona	I)	550.00
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TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.			
BORDER HEALTH FEDER	AL PAC				
Full Name (Last, First, Middle Initial) Mr. Martin Rocha					
Mailing Address P.O. Box 662		08 15 2014 L			
City	State Zip Code	Transaction ID : SA11AI.27166			
Santa Rosa	TX 78593	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	Aggregate real-to-Date ▼				
Other (specify) ▼	400.00				
Full Name (Last, First, Middle Initial)  Mr. Martin Rocha	'	Date of Receipt			
Mailing Address P.O. Box 662		09 12 2014 _			
City	State Zip Code	Transaction ID : SA11AI.27571			
Santa Rosa	TX 78593	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	riggrogato roa to bate ♥				
Other (specify) ▼	450.00				
Full Name (Last, First, Middle Initial)	'	Date of Receipt			
Mailing Address 112 E. Xenops		07 11 2014			
City	State Zip Code	Transaction ID : SA11AI.26823			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing		7. and and of Edon Modelpt tills I chou			
federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	350.00				
Other (specify) ▼	330.00				
SUBTOTAL of Receipts This Page (option	al)	150.00			
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Ofelia Rodriguez		Date of Receipt
Mailing Address 112 E. Xenops		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27168
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Dr. Ofelia Rodriguez	'	Date of Receipt
Mailing Address 112 E. Xenops		09 12 2014 _
City	State Zip Code	Transaction ID : SA11AI.27573
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		Tandari di Zadi Hodopi tilid i dilad
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Dr. Edgar Rodriquez		Date of Pagaint
Mailing Address 815 Crown Circle		Date of Receipt
City	State Zip Code	07 11 2014
Edinburg	TX 78539	Transaction ID : SA11AI.26825
	, 5555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (option	al)	200.00
, 3 (4)		
TOTAL This Period (last page this line nu	mber only)	

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or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	the name and address of any political committee  PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Dr. Edgar Rodriquez  Mailing Address 815 Crown Circle  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08 15 2014  Transaction ID : SA11AI.27170  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Edgar Rodriquez  Mailing Address 815 Crown Circle  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Henry E. Ruiz  Mailing Address 208 W. Pelician  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1050.00	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26827  Amount of Each Receipt this Period  150.00  contribution
SUBTOTAL of Receipts This Page (optional).	·····	350.00

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Detailed Summary Page 14 13 15 16 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) Dr. Henry E. Ruiz Date of Receipt Mailing Address 208 W. Pelician 80 15 2014 City State Zip Code Transaction ID: SA11AI.27172 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Henry E. Ruiz Date of Receipt Mailing Address 208 W. Pelician 09 12 2014 City State Zip Code Transaction ID: SA11AI.27577 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert Ruiz Date of Receipt Mailing Address 2524 James 2014 07 11 City Zip Code State Transaction ID: SA11AI.26828 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. contribution

350.00

Occupation

Aggregate Year-to-Date ▼

physician

Name of Employer

Primary

Other (specify)

General

self-employee

Receipt For:

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial)  A. Dr. Robert Ruiz		Date of Receipt					
Mailing Address 2524 James		08 15 2014					
City	State Zip Code	Transaction ID : SA11AI.27173					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	contribution					
self-employee	physician						
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General							
Other (specify) ▼	400.00						
Full Name (Last, First, Middle Initial)  3. Dr. Robert Ruiz		Date of Receipt					
Mailing Address 2524 James	Mailing Address 2524 James						
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27578					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	50.00					
	Occupation	contribution					
Name of Employer self-employee	Occupation						
Receipt For:	physician	-					
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	450.00						
Full Name (Last, First, Middle Initial)  C. Paulette Saca	<u> </u>	Date of Receipt					
Mailing Address 109 Condor		07 11 2014 _					
City	State Zip Code	Transaction ID : SA11AI.26830					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer	Occupation	contribution					
self-employed	private investor	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	505.00						
Other (specify)	525.00						
SUBTOTAL of Receipts This Page (option	nal)	175.00					
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TOTAL This Period (last page this line nu	ımber only)						

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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		Date of Receipt
City mcallen	State Zip Code TX 78504	08 15 2014 Transaction ID : SA11Al.27175
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period  75.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Paulette Saca  Mailing Address 109 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	09 12 2014  Transaction ID: SA11AI.27580  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial)  Javier Saenz		Date of Receipt
Mailing Address 2308 Monaco Drive		07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.26831  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	- contribution
SUBTOTAL of Receipts This Page (optional)		550.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Javier Saenz  Mailing Address 2308 Monaco Drive		Date of Receipt
City mission	State Zip Code TX 78574	08 15 2014  Transaction ID : SA11AI.27176  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Relayier Saenz	3200.00	Date of Possist
Mailing Address 2308 Monaco Drive	State Zin Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission  FEC ID number of contributing	State Zip Code TX 78574	Transaction ID : SA11AI.27581  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	400.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  3600.00	
Full Name (Last, First, Middle Initial)  JJ Saenz  Mailing Address 2400 S.F. Avgusta Square	1	Date of Receipt
Mailing Address 2400 S.E. Augusta Square  City mcallen	State Zip Code TX 78503	07 11 2014  Transaction ID : SA11Al.26832  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1050.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  JJ Saenz  Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen	State Zip Code TX 78503	08 15 2014  Transaction ID : SA11AI.27177  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  3. JJ Saenz  Mailing Address 2400 S.E. Augusta Square		Date of Receipt  09 12 2014
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.27582  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd  suite 10  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26833
mcallen  FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2800.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	900.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd  suite 10  City  mcallen  FEC ID number of contributing	State Zip Code TX 78503	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer self-employed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3200.00	contribution
Full Name (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd	State Zip Code TX 78503  C  Occupation private investor  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  M M M / D 12 2014  Transaction ID: SA11AI.27583  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26834  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Transaction ID : SA11AI.27179  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  9 12 2014  Transaction ID: SA11AI.27584  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Leonardo Salcedo  Mailing Address 5409 N. 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	550.00
TOTAL This Period (last page this line numbe	r only)	45

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14 13 15 16 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) Dr. Leonardo Salcedo Date of Receipt Mailing Address 5409 N. 1st Street 80 15 2014 City State Zip Code Transaction ID: SA11AI.27180 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Leonardo Salcedo Date of Receipt Mailing Address 5409 N. 1st Street 09 12 2014 City State Zip Code Transaction ID: SA11AI.27585 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Benjamin Salinas Date of Receipt Mailing Address 801 W. 2th 2014 07 11 City Zip Code State Transaction ID: SA11AI.26836 TX Mercedes 78578 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 200.00

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDER.  Full Name (Last, First, Middle Initial)	AL PAC	
Dr. Benjamin Salinas		Date of Receipt
Mailing Address 801 W. 2th		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27181
Mercedes	TX 78578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  Dr. Benjamin Salinas	'	Date of Receipt
Mailing Address 801 W. 2th		M = M / D = D / Y = Y = Y
City	State 7in Code	09 12 2014
City Mercedes	State Zip Code TX 78578	Transaction ID : SA11AI.27586
	10010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 2203 Red River		M = M / D = D / Y = Y = Y
City	State Zip Code	07 11 2014  Transaction ID : SA11Al.26837
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate roal to bate v	
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (option	al)	300.00
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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) Dr. Mariano Salinas Date of Receipt Mailing Address 2203 Red River 80 15 2014 City State Zip Code Transaction ID: SA11AI.27182 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mariano Salinas Date of Receipt Mailing Address 2203 Red River 09 12 2014 City State Zip Code Transaction ID: SA11AI.27587 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elisa Garza Sanchez Date of Receipt Mailing Address 3509 2014 07 11 N. Glasscock City State Zip Code Transaction ID: SA11AI.26838 TX Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... 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)  Elisa Garza Sanchez  Mailing Address 3509  N. Glasscock  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08
Full Name (Last, First, Middle Initial)  Elisa Garza Sanchez  Mailing Address 3509  N. Glasscock  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  09 12 2014  Transaction ID : SA11AI.27588  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Manuel Sanchez  Mailing Address 2804 Santa Lydia  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  700.00	Date of Receipt  07 11 2014  Transaction ID: SA11AI.26839  Amount of Each Receipt this Period  100.00  contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	350.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Manuel Sanchez  Mailing Address 2804 Santa Lydia		Date of Receipt
City mission	State Zip Code TX 78572	08 15 2014  Transaction ID : SA11AI.27184  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Manuel Sanchez	800.00	Date of Receipt
Mailing Address 2804 Santa Lydia  City mission	State Zip Code TX 78572	09 12 2014  Transaction ID : SA11AI.27589  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	- contribution
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez  Mailing Address P.O. Box 1868		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.26840  Amount of Each Receipt this Period  250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  1750.00	contribution
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	450.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez  Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	08 15 2014 Transaction ID : SA11AI.27185
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez  Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	09 12 2014  Transaction ID : SA11AI.27590  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Mr. Oscar Sandoval		Date of Receipt
Mailing Address 8727 N. Campana Lane		09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edcouch	State Zip Code TX 78538	Transaction ID : SA11AI.27591  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation investor  Aggregate Year-to-Date ▼  225.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	525.00
TOTAL This Period (last page this line number	<u> </u>	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  A. Ms Elena Santoy		Date of Receipt
Mailing Address 416 N. 17th Street		07 11 2014 .
City	State Zip Code	Transaction ID : SA11AI.26842
Donna	TX 78537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  3. Ms Elena Santoy		Date of Receipt
Mailing Address 416 N. 17th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	08 15 2014 Transaction ID : \$A11A1 27188
Donna	TX 78537	Transaction ID : SA11AI.27188  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacri Heceipt this Feriod
federal political committee.	C	50.00
Name of Employer	contribution	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  C. Ms Elena Santoy		Date of Receipt
Mailing Address 416 N. 17th Street		09 19 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.27592
Donna	TX 78537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	450.00	
Other (specify) ▼	450.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee	to constructions non such confinitee.
Full Name (Last, First, Middle Initial) Dr. Manuel Seas  Mailing Address 5714 N. 6th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  210.00	Date of Receipt  07 11 2014  Transaction ID : SA11Al.26843  Amount of Each Receipt this Period  30.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Manuel Seas  Mailing Address 5714 N. 6th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08 15 2014  Transaction ID : SA11AI.27189  Amount of Each Receipt this Period  30.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Manuel Seas  Mailing Address 5714 N. 6th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  270.00	Date of Receipt  99 12 2014  Transaction ID : SA11AI.27593  Amount of Each Receipt this Period  30.00  contribution
SUBTOTAL of Receipts This Page (optional)		90.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Samuel Serna  Mailing Address 125 E. Cornell  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID : SA11AI.26844
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  □ Primary □ General  Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  700.00	Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna  Mailing Address 125 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  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)  Dr. Samuel Serna  Mailing Address 125 E. Cornell  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	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)	<b>&gt;</b>	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City  mcallen	State Zip Code TX 78503	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date   2800.00	Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78503  C  Occupation physician  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)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78503  C  Occupation physician  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)	<u> </u>	1200.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	
Full Name (Last, First, Middle Initial)  Dr. Herschel Siberman  Mailing Address 609 Tulip  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  O7 11 2014  Transaction ID: SA11AI.26847  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Herschel Siberman  Mailing Address 609 Tulip  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	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)  Dr. Herschel Siberman  Mailing Address 609 Tulip  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  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	)	150.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Marish Singh  Mailing Address 3521 South M Street		Date of Receipt
	Oheli.	07 11 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26849
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00
Name of Employer	Occupation	contribution
Self employed Receipt For:	physician	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)  3. Dr. Marish Singh		Date of Receipt
Mailing Address 3521 South M Street		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27195
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	contribution
Self employed Receipt For:	physician	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)  C. Dr. Marish Singh		Date of Receipt
Mailing Address 3521 South M Street		09 12 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.27600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	contribution
Self employed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional	al)	90.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name (Last, First, Middle Initial)  Dennis Slavin  Mailing Address 4504.9 Oblahavas		Date of Receipt			
Mailing Address 1501 S. Oklahoma		07 11 2014 T			
City	State Zip Code	Transaction ID : SA11AI.26850			
weslaco	TX 78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General	00 0				
Other (specify) ▼	700.00				
Full Name (Last, First, Middle Initial)  Dennis Slavin		Date of Receipt			
Mailing Address 1501 S. Oklahoma		08 15 2014			
City	State Zip Code	Transaction ID : SA11AI.27196			
weslaco	TX 78596	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.		100.00			
Name of Employer	ame of Employer Occupation				
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General	00 0				
Other (specify) ▼	800.00				
Full Name (Last, First, Middle Initial)  Dennis Slavin	·	Date of Receipt			
Mailing Address 1501 S. Oklahoma		09 12 _ 2014 _			
City	State Zip Code	Transaction ID : SA11AI.27601			
weslaco	TX 78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	900.00				
Other (specify) ▼	900.00				
SUBTOTAL of Receipts This Page (ontional)	····	300.00			
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Hilda Solis  Mailing Address P.O.Box 3302		Date of Receipt  09 12 2014
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78502  C Occupation	Transaction ID : SA11AI.27602  Amount of Each Receipt this Period  25.00  contribution
Self employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Joel Solis  Mailing Address 405 E. Avocet	State 7:- C-J-	Date of Receipt  07  11  2014
City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78501  C  Occupation	Transaction ID : SA11AI.26852  Amount of Each Receipt this Period  150.00  contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1050.00	
Full Name (Last, First, Middle Initial)  Joel Solis  Mailing Address 405 E. Avocet  City	State Zip Code	Date of Receipt    M = M   / D = D   / Y = Y = Y = Y
Mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  150.00  contribution
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1200.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	325.00
TOTAL This Period (last page this line number	r only)	

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

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	the name and address of any political committee t	
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  1. Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		09 12 2014
City	State Zip Code	Transaction ID : SA11AI.27603
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial)  Dr. Hector Soto	•	Date of Receipt
Mailing Address 101 South Greenbriar		07 11 2014
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26853
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Dr. Hector Soto		Date of Receipt
Mailing Address 101 South Greenbriar		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27199
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	_ contribution
self-employee	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3200.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	950.00
TOTAL This Period (last page this line numb	per only)	

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Hector Soto  Mailing Address 101 South Greenbriar		Date of Receipt
	Charles 7's Oa de	09 12 2014
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.27604  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Nanjappa Sreenivas  Mailing Address 2610 Emercled Lake Drive		Date of Receipt
Mailing Address 2610 Emerald Lake Drive  City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27606
Harlingen	TX 78550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Mr. Raul Sustaita		Date of Receipt
Mailing Address 1602 Scobey		09 12 2014
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.27607  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number of	only)	

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A 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) Dr. Jyothi Swarup Date of Receipt Mailing Address 8109 N. 1st Street 07 2014 City State Zip Code Transaction ID: SA11AI.26857 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Jyothi Swarup Date of Receipt Mailing Address 8109 N. 1st Street 80 15 2014 City State Zip Code Transaction ID: SA11AI.27203 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jyothi Swarup Date of Receipt Mailing Address 8109 N. 1st Street 09 12 2014 Zip Code City State Transaction ID: SA11AI.27608 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 242 OF 285 Use separate schedule(s) for each category of the Detailed Summary Page

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of collecting

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Wilson Sy		Date of Receipt
Mailing Address 6724 N.Cynthia		09 12 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.27609
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  Ms Norma Tehran		Date of Receipt
Mailing Address 1616 Oaks Road		M M / D D / Y Y Y Y Y
City	State Zip Code	09 12 2014 Transaction ID : \$41141 27610
Edinburg	TX 78539	Transaction ID : SA11AI.27610
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  C. Alejandro Tey	•	Date of Receipt
Mailing Address 3012 Laurie Lane		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26860
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)	)	300.00
TOTAL This Period (last page this line numb	per only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  A. Alejandro Tey  Mailing Address 3012 Laurie Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	08 15 2014  Transaction ID : SA11AI.27206  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  Self employed  Receipt For:	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Alejandro Tey  Mailing Address 3012 Laurie Lane		Date of Receipt  09 12 2014
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.27611  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial) Dr. Jimmy Tiu		Date of Receipt
Mailing Address 7700 N. Cynthia	Charles	09 12 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27613  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  225.00	- contribution
SUBTOTAL of Receipts This Page (optional).		525.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11Al.26863
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt  08 15 2014
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.27209  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.27614  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati  Mailing Address 9123 1st Street		Date of Receipt			
City	State Zip Code	07			
McAllen	TX 78504	_ Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  700.00	-			
Full Name (Last, First, Middle Initial)					
Mailing Address 9123 1st Street		Date of Receipt			
City McAllen	State Zip Code TX 78504	08 15 2014  Transaction ID : SA11AI.27211  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 70304	100.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00				
Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati	-	Date of Receipt			
Mailing Address 9123 1st Street		09 12 2014			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.27617  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
selfemployed	physician	_			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	900.00				
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	300.00			
TOTAL This Period (last page this line number					

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

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14 13 15 16 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) Susan Turley Date of Receipt Mailing Address 312 Thunderbird 07 2014 City State Zip Code Transaction ID: SA11AI.26866 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Turley Date of Receipt Mailing Address 312 Thunderbird 08 15 2014 City State Zip Code Transaction ID: SA11AI.27212 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Turley Date of Receipt Mailing Address 312 Thunderbird 09 12 2014

Zip Code

78504

State

TX

C

Occupation

Aggregate Year-to-Date ▼

physician

250.00

Transaction ID: SA11AI.27618

contribution

Amount of Each Receipt this Period

City

mcallen

FEC ID number of contributing

General

federal political committee.

Name of Employer

Primary

self-employed

Receipt For:

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive		Date of Receipt
City	State Zip Code TX 78572	07 11 2014  Transaction ID : SA11AI.26867  Amount of Each Possiot this Possion
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.27213  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa		Date of Receipt
Mailing Address 2403 El Encino Drive		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.27619  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Lourdes Uribe  Mailing Address 801 E. Nolana		Date of Receipt  07 11 2014
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.26868  Amount of Each Receipt this Period  50.00  contribution
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  3. Lourdes Uribe  Mailing Address 801 E. Nolana		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.27214  Amount of Each Receipt this Period  50.00
Name of Employer Self employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	- contribution
Full Name (Last, First, Middle Initial)  Lourdes Uribe  Mailing Address 801 E. Nolana  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen  FEC ID number of contributing federal political committee.  Name of Employer	TX 78504  C Occupation	Amount of Each Receipt this Period  50.00  contribution
Self employed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  450.00	
SUBTOTAL of Receipts This Page (optional).	<b></b>	150.00
TOTAL This Period (last page this line number	er only)	

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

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares  Mailing Address 2302 Red River Drive  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID : SA11A1 26969
Mission	TX 78572	Transaction ID : SA11AI.26869  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  Dr. Theresa Valladares  Mailing Address 2302 Red River Drive		Date of Receipt  08 152014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27215  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		09 12 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.27621  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	. contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Jose Vasquez  Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11Al.26870
rio grande city	TX 78582	Transaction ID : SA11AI.26870  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Jose Vasquez  Mailing Address 2548 Palm Circle		Date of Receipt  08 15 2014
City	State Zip Code TX 78582	Transaction ID : SA11AI.27216
rio grande city  FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  C. Jose Vasquez		Date of Receipt
Mailing Address 2548 Palm Circle		09 12 2014
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.27622  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Ravindra Veeramachaneni Mailing Address 4404 Santa Fabiola  City Mission  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78572  C Occupation	Date of Receipt    M
selfemployed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  225.00	-
Full Name (Last, First, Middle Initial)  3. Dr. Carlos Vela  Mailing Address P.O. Box 1909  City	State Zip Code	Date of Receipt  07 11 2014
Mission  FEC ID number of contributing federal political committee.  Name of Employer	TX 78573	Transaction ID : SA11AI.26873  Amount of Each Receipt this Period  50.00  contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  350.00	-
Full Name (Last, First, Middle Initial) Dr. Carlos Vela  Mailing Address P.O. Box 1909  City Mission	State Zip Code TX 78573	Date of Receipt    M = M
FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date   400.00	Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional	)	125.00
TOTAL This Period (last page this line num	ber only)	

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

	FOR LINE NUMBER:					2	52 OF		285
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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	he name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Carlos Vela  Mailing Address P.O. Box 1909  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78573  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Efraim Vela  Mailing Address 100 E. Ridge Road #B  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26874  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Efraim Vela  Mailing Address 100 E. Ridge Road #B  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		550.00

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela  Mailing Address 100 E. Ridge Road #B		Date of Receipt
City	State 7in Code	09 12 2014 Towns 13 12 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.27626
	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  3. Ramiro Verdoreen	•	Date of Receipt
Mailing Address 301 E. Newport		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26878
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2800.00	
Full Name (Last, First, Middle Initial)  C. Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27222
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3200.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1050.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen  Mailing Address 301 E. Newport		Date of Receipt
City	State Zip Code TX 78501	09 12 2014  Transaction ID : SA11AI.27629  Amount of Each Respiret this Period
FEC ID number of contributing federal political committee.	C 78501	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)  Carlos Villalta  Mailing Address P. O. Box 1632		Date of Receipt  07 11 2014
City mission	State Zip Code TX 78573	7 11 2014 Transaction ID : SA11Al.26880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
Mailing Address P. O. Box 1632		08 15 2014
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.27224  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1000.00	_ contribution
SUBTOTAL of Receipts This Page (optional).		650.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Carlos Villalta  Mailing Address B. O. Boy, 1633		Date of Receipt
Mailing Address P. O. Box 1632		09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.27631
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1125.00	
Full Name (Last, First, Middle Initial)  Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana		M = M / D = D / Y = Y = Y
Suite 4	Charles 77 C :	07 11 2014
City	State Zip Code	Transaction ID : SA11AI.26881
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  C. Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana		M = M / D = D / Y = Y = Y
Suite 4 City	State Zip Code	08 15 2014
mcallen	TX 78504	Transaction ID : SA11AI.27225  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	850.00	
CURTOTAL of Descints This Days ( " "		225.00
TOTAL OF Receipts This Page (optional).	<b>&gt;</b>	225.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Rita Villanueva  Mailing Address 801 E. Nolana  Suite 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Date of Receipt  M M J D D J 2014  Transaction ID: SA11Al.27632  Amount of Each Receipt this Period  50.00  contribution
Carlos Villarreal  Mailing Address 24275 FM 490  City edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Date of Receipt    M
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  225.00	contribution
Full Name (Last, First, Middle Initial)  Victor Villarreal  Mailing Address 901 W. Moore  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  630.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	165.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	he 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)  Victor Villarreal  Mailing Address 901 W. Moore		Date of Receipt
City	State Zip Code TX 78577	7 Transaction ID : SA11AI.27227
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  90.00
Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  720.00	- contribution
Full Name (Last, First, Middle Initial)  3. Victor Villarreal  Mailing Address 901 W. Moore		Date of Receipt  09 12 2014
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577  C	Transaction ID : SA11AI.27634  Amount of Each Receipt this Period  90.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  810.00	- contribution
Full Name (Last, First, Middle Initial)  Roger Vitko  Mailing Address 1017 south 1st  City	State Zip Code	Date of Receipt  07 11 2014  Transaction ID: SA11Al.26884
mcallen  FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1050.00	. contribution
SUBTOTAL of Receipts This Page (optional).		330.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)		
BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.27228
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	riggregate rear-to-Date ▼	
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial)  Roger Vitko		Date of Receipt
Mailing Address 1017 south 1st		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	09 12 2014 Transaction ID : \$A11A1 27635
mcallen	TX 78502	Transaction ID : SA11AI.27635  Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1350.00	
Full Name (Last, First, Middle Initial)  . Raymond Walker	1	Date of Receipt
Mailing Address 1117 Shallow apt 4		07 11 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26885
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	550.00
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					PAGE	2	59 OF	: :	285	
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow  apt 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)   Eull Name (Lost, First, Middle Initial)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  08 15 2014  Transaction ID: SA11AI.27229  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Raymond Walker  Mailing Address 1117 Shallow  apt 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  99 12 2014  Transaction ID: SA11AI.27636  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  437.50	Date of Receipt    Mark
SUBTOTAL of Receipts This Page (optional)		562.50
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud		Date of Receipt				
City						
mcallen	TX 78504	Transaction ID : SA11AI.27230  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	62.50				
Name of Employer	Occupation	contribution				
self-employed	private investor					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial)  James Webb		Date of Receipt				
Mailing Address 312 Redbud		09 12 / Y = Y = Y = Y				
City	State Zip Code	Transaction ID : SA11AI.27637				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	62.50				
Name of Employer	Occupation	contribution				
self-employed	private investor					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50					
Full Name (Last, First, Middle Initial)  Patrick Wilcox		Date of Receipt				
Mailing Address 111 Rio Grande		07 11 2014				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.26887  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	700.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	225.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name (Last, First, Middle Initial)  Patrick Wilcox  Mailing Address 111 Rio Grande		Date of Receipt	
City mission	State Zip Code TX 78572	08 15 2014  Transaction ID : SA11AI.27231  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution	
selfemployed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  800.00		
Full Name (Last, First, Middle Initial)  3. Patrick Wilcox  Mailing Address 111 Rio Grande		Date of Receipt  09 12 2014	
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.27638  Amount of Each Receipt this Period  100.00  contribution	
federal political committee.  Name of Employer selfemployed	Occupation		
Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  900.00		
Full Name (Last, First, Middle Initial)  Ms Teresa Wilson  Mailing Address 1520 Xanthisma	•	Date of Receipt	
City McAllen	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26889  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00 contribution	
Name of Employer self-employee Receipt For: Primary General	Occupation investor  Aggregate Year-to-Date ▼		
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	350.00	250.00	
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.				
BORDER HEALTH FEDERA	AL PAU					
Full Name (Last, First, Middle Initial)  Ms Teresa Wilson						
Mailing Address 1520 Xanthisma		08 15 2014				
City	State Zip Code	Transaction ID : SA11AI.27233				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
self-employee	investor					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial)  . Ms Teresa Wilson	'	Date of Receipt				
Mailing Address 1520 Xanthisma		M = M / D = D / Y = Y = Y				
City	State 7in Code	09 12 2014				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.27640				
	1/4 / / / / / / / / / / / / / / / / / /	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
self-employee	investor					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	450.00					
Full Name (Last, First, Middle Initial)  Ms Sandra Yanez	1	Date of Receipt				
Mailing Address 106 S. Alton Blvd		Date of Receipt				
100 S. AIIUII DIVU		09 12 _ 2014 _				
City	State Zip Code	Transaction ID : SA11AI.27642				
Alton	TX 78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	225.00					
SUBTOTAL of Receipts This Page (optional	al)	125.00				
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TOTAL This Period (last page this line nun	nber only)					

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Subbarrao Yarra  Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1900.00	Date of Receipt  O7 11 2014  Transaction ID: SA11Al.26892  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Subbarrao Yarra  Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Subbarrao Yarra  Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self-employed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2100.00	Date of Receipt  109 12 2014  Transaction ID: SA11AI.27643  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)	

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	Statements may not be sold or used by any personal parties and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski  Mailing Address 6804 N. 1st		Date of Receipt
City	State Zip Code	07 11 2014 Transaction ID : SA11AI.26893
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  3. Dr. Christopher Zaleski  Mailing Address 6804 N. 4ct		Date of Receipt
Mailing Address 6804 N. 1st  City	State Zip Code TX 78504	08 15 2014 Transaction ID : SA11AI.27237
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski		Date of Receipt
Mailing Address 6804 N. 1st		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27644  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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

ı	FOR LINE	NUMBER	: PAGE	E 265 OF	285
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	<b>X</b> 11a	11b	11c	12	
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Hugo Zapata  Mailing Address 316 Xenops		Date of Receipt
City	State Zip Code TX 78504	07 11 2014  Transaction ID : SA11AI.26894  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2200.00	
Full Name (Last, First, Middle Initial)  Hugo Zapata  Mailing Address 316 Xenops		Date of Receipt
City	State Zip Code TX 78504	7 Transaction ID : SA11AI.27238  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2600.00	
Full Name (Last, First, Middle Initial) L Hugo Zapata		Date of Receipt
Mailing Address 316 Xenops		09 12 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.27645  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	r only)	

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

ı	FOR LINE	NUMBER	:   PAGE	E 266 OF	285
ı	(check onli	y one)			
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti  Mailing Address 109 E Cornell  City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Date of Receipt  09 12 2014  Transaction ID: SA11AI.27646  Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation self-employee physician  Aggregate Year-to-Date ▼  225.00	- contribution
Full Name (Last, First, Middle Initial)  3. Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane  City	State Zip Code	Date of Receipt  07 11 2014
Edinburg  FEC ID number of contributing federal political committee.  Name of Employer	TX 78539  Occupation	Transaction ID: SA11AI.26896  Amount of Each Receipt this Period  75.00  contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  525.00	
Full Name (Last, First, Middle Initial)  Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78539	Date of Receipt  08 15 2014  Transaction ID : SA11AI.27240  Amount of Each Receipt this Period  75.00  contribution
selfemployed Receipt For:  Primary General Other (specify) ▼	physician  Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	175.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:						PAGE	285		
(check only one)									
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane		Date of Receipt
City	State Zip Code	09 12 2014 Transaction ID : SA11AI.27647
Edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	0111	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		75.00
TOTAL This Period (last page this line number	er only)	124137.73

S	CHEDULE B (FEC Form 3X)	FOR LINE					LINE NUMBER: PAGE 268 OF 285									
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check for each category of the				k only	_									
			Summary Page		×	21b	22		23		24	25		26		
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$\setminus$	NAME OF COMMITTEE (In Full)															
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Α.	ATT						Date	of Di	sburse	eme	nt					
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	Mailing Address P.O. Box 930170						08	_	2	9	L	2014	Ш			
	City	\	7:- O-d-													
	City S Dallas	State TX	Zip Code 75393				Trar	sact	ion ID	: S	B21B.27	7270				
	Purpose of Disbursement		70000			_										
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	Candidate Name			C	ategoi	ry/					-	25	70			
					Type			-	7	_	7	25	2.70			
	Office Sought: House Disbursen															
		Primary Other (spe	General													
	State: District:	Other (Spe	City) \													
_	Full Name (Last, First, Middle Initial)															
В.	Ms Sandra Escamilla						Date	of Di	sburse	eme	nt					
							M	M /	D	D	/ Y	YY	Υ			
	Mailing Address 1418 Quince						07		1	1	L	2014	Ш			
	,	State	Zip Code				Trai	nsact	tion ID	) : S	B21B.27	7248				
	McAllen Purpose of Disbursement	TX	78504													
	contract services - salary expenditure				001		Amou	nt of	Each	Dis	burseme	ent this	Perio	od		
	Candidate Name			C	ategoi	ov/		-	-		-					
					Type	,		_	7		7	78	8.02			
	Office Sought: House Disbursen															
		Primary	General													
	State: District:	Other (spe	city) $\blacktriangledown$													
_	Full Name (Last, First, Middle Initial)															
C.	Ms Sandra Escamilla						Date	of Di	sburse	eme	nt					
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	Mailing Address 1418 Quince						07		2	5		2014				
	City	State	Zip Code													
		TX	78504				Trai	nsact	tion ID	: S	B21B.27	7253				
	Purpose of Disbursement				-	_										
	contract services - salary expenditure				001		Amou	nt of	Each	Dis	burseme	ent this	Perio	bd		
	Candidate Name				ategoi	ry/						838	3.88			
	Office Sought: House Disbursen	nent For			Туре			-	7		7		_	_		
		Primary	General													
		Other (spe	cify) ▼													
_	State: District:		<u> </u>													
Г	<u></u>							-	-					$\overline{}$		
5	SUBTOTAL of Disbursements This Page (optional)					•		_	7		7	1879	9.60			
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### S 17

S	CHEDULE B (FEC Form 3X)			EOD LINE	VII IVADL	D ·			PAGE	269	OF	285	
	EMIZED DISBURSEMENTS		arate schedule(s)		FOR LINE NUMBER: PAGE 269 OF 288 (check only one)								
11	LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	22		23		24	25		26	
		Detailed	Summary Page	27	288	ı  -	28b	H	28c	29	$\vdash$	30b	
Ar	ly information copied from such Reports and Staten	nents may r	not be sold or us	sed by any nerse	on for th	e pu	rpose (	of so	licitina	contrib	utions	;	
	for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
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$\angle$													
	Full Name (Last, First, Middle Initial)												
A.	Ms Sandra Escamilla				Date of Disbursement								
	Moiling Address 4440 October				M			D		y   y 2014	Y		
	Mailing Address 1418 Quince				30	)	0	0		2014	-		
	City	State	Zip Code		+								
	McAllen	TX	78504		Tra	nsac	tion ID	: SB	21B.27	259			
	Purpose of Disbursement												
	contract services - salary expenditure			001	Amou	ınt of	Each	Disb	urseme	nt this	Perio	od	
	Candidate Name			Category/						71	1.74		
	Office Cought			Type		-	7		7				
	Office Sought: House Disbursen Senate	nent For: Primary	Conoral										
	President	Other (spec	General										
	State: District:	Julion (Spec	y/ <b>▼</b>										
_	Full Name (Last, First, Middle Initial)												
В.					Date	of D	isburse	men	t				
	Mo Gariara Edurinia				M	M	/ D	D	/ Y	Y Y	Υ		
	Mailing Address 1418 Quince				08	_		2		2014			
	•	State	Zip Code		Transaction ID : SB21B.27264								
	McAllen Purpose of Disbursement	TX	78504										
	contract services - salary expenditure			001	Amoi	int of	Each	Dish	urseme	nt this	Perio	nd	
	Candidate Name				,			55	3. 301110		. 5110		
				Category/ Type						71	1.73		
	Office Sought: House Disbursen	nent For:		.715			,						
		Primary	General										
	President	Other (spec	cify) 🔻										
_	State: District:												
	Full Name (Last, First, Middle Initial)												
C.	Ms Sandra Escamilla				Date	of D	isburse	men	t				
					M			D		Y   Y	Υ		
	Mailing Address 1418 Quince				09	,	0	5		2014	_		
	City S	State	Zip Code										
	McAllen	TX	78504		Tra	nsac	tion ID	: SB	321B.27	273			
	Purpose of Disbursement												
	contract services - salary expenditure			001	Amou	ınt of	Each	Disb	urseme	nt this	Perio	od	
	Candidate Name			Category/		_	-	_	-	74	1 74		
				Type			,	_	7	/1	1.74		
	Office Sought: House Disbursen												
	Senate	Primary	General										
	State: District:	Other (spec	спу) 🔻										
_	State: District:												
_ ا	IIDTOTAL of Diobuses and This Days (and an									213	5.21		
L	UBTOTAL of Disbursements This Page (optional)			·····			7		7				
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S	CHEDULE B (FEC Form 3X)			EOD LINI	IE NII	IMPED				PAGE	270	OF	285
	EMIZED DISBURSEMENTS	Use sepa		R LINE NUMBER: PAGE 270 OF 285 ock only one)								_00	
• •	LIVIIZED DISBURSEIVIEN IS		category of the	X 21k		22		23		24	25		26
		Detailed	Summary Page	27	.  -	28a		28b	H	28c	29		30b
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	for commercial purposes, other than using the name												5
$\setminus$	NAME OF COMMITTEE (In Full)												
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	Full Name (Last, First, Middle Initial)												
A.	Ms Sandra Escamilla				Date of Disbursement								
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	Mailing Address 1418 Quince				09		19	9		2014			
	0"	<u> </u>	7' 0 1		_								
	,	State TX	Zip Code			Trans	acti	on ID	: SB	21B.27	288		
	McAllen Purpose of Disbursement	17	78504		_								
	contract services - salary expenditure			001		Amoun	t of	Fach	Dishı	ırseme	nt this	Perio	nd
	Candidate Name				ш	Airioun	. 01	Luon	DIODE	11001110	110 01110	1 0110	
	Canadate Name			Category/ Type		١.				_	83	8.87	
	Office Sought: House Disburser	nent For:		Турс	_			7		7			
		Primary	General										
	President	Other (spec	cify) 🔻										
	State: District:		,										
	Full Name (Last, First, Middle Initial)												
В.	Nicole Gonzales-Leal					Date of	f Dis	burse	ment				
						M = M	/	D	D /	Υ	Y Y	Y	
	Mailing Address 2401 W. Rhin Drive					07		1	1		2014		
	•	State	Zip Code			Trans	sacti	on ID	: SB	21B.27	'249		
	Edinburg Purpose of Disbursement	TX	78539		_								
	contract labor			001		Amoun	t of	Fach	Dishı	ırseme	nt this	Perio	nd
	Candidate Name				ш	Airioun	. 01	Luon	DIODE	11001110	110 01110	1 0110	
				Category/ Type		Ι.					80	5.93	
	Office Sought: House Disbursen	nent For:		.,,,,	$\dashv$			,		,			
	Senate	Primary	General										
	President	Other (spec	cify) 🔻										
	State: District:												
	Full Name (Last, First, Middle Initial)												
C.	Nicole Gonzales-Leal					Date of	f Dis	burse	ment				
						M I M	1	D	D /	Υ	Y Y	Y	
	Mailing Address 2401 W. Rhin Drive					07		2	5		2014		
	•	State	Zip Code			Trans	sacti	on ID	: SB	21B.27	254		
	Edinburg Purpose of Disbursement	TX	78539		$\dashv$								
	contract labor			001		Λ			Diele			D	اء م
	Candidate Name				ш	Amoun	τοτ	⊨acn	DISDU	ırseme	nt this	Perio	oa
				Category/ Type	<i>y</i> / 805.93								
	Office Sought: House Disburser	nent For:		. , , p c	$\dashv$			7		7			
	Senate	Primary	General										
	President	Other (spec	cify) 🔻										
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s	SUBTOTAL of Disbursements This Page (optional)					L .		m -		(8)	245	0.73	
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S	CHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 271 OF 285									
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)									
			Summary Page	X 21b	22	23	24	25	26					
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	ny information copied from such Reports and Statem for commercial purposes, other than using the nam													
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$ \rangle$	BORDER HEALTH FEDERAL PAC	)												
<u></u>	Full Name (Last, First, Middle Initial)													
Α.	Nicole Gonzales-Leal				Date of Disbursement									
	Mailing Address 2401 W. Rhin Drive				08 08 2014									
		State	Zip Code		Trans	action ID :	SB21B.27	260						
	_ a a. g	TX	78539		114115	action ID .	. 952 15.27	_00						
	Purpose of Disbursement contract labor			001	Amount	of Each [	Disburseme	nt this F	Period					
	Candidate Name			Category/ Type			1 4	805	.93					
	Office Sought: House Disbursem	nent For:		71										
		Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
В	Full Name (Last, First, Middle Initial)  Nicole Gonzales-Leal				Date of	Disburser	ment							
	NICOLE GUILAIES-LEAI				M M	/ D		Y	Y					
	Mailing Address 2401 W. Rhin Drive				08	22		2014						
	•	State TX	Zip Code 78539		Trans	action ID	: SB21B.27	263						
	Purpose of Disbursement													
	contract labor			001	Amount	of Each [	Disburseme	nt this F	Period					
	Candidate Name			Category/ Type		-,-		805	5.92					
	Office Sought: House Disburser	nent For:												
		Primary	General											
	President State: District:	Other (spec	сіту) 🔻											
_	Full Name (Last, First, Middle Initial)													
C.	Nicole Gonzales-Leal				Date of	Disburser	ment							
					M = M	/ D		Y   Y	Υ					
	Mailing Address 2401 W. Rhin Drive				09	05		2014	_					
	,	State	Zip Code		Trans	action ID	: SB21B.27	274						
	Edinburg Purpose of Disbursement	TX	78539											
	contract labor			001	Amount	of Each	Disburseme	nt this [	Pariod					
	Candidate Name			Category/ Type	Amount	. OI Lacii l	Zisbui seiile	805						
	Office Sought: House Disbursem	nent For:		.,,,,		,	7							
	Senate	Primary	General											
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_	State: District:													
8	SUBTOTAL of Disbursements This Page (optional)			·····•				2417	.79					
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ΙŢ	<b>OTAL</b> This Period (last page this line number only).			••••••		-								

S	CHEDULE B (FEC Form 3X)			EOD LINE	VILIMPED:			PAGE	272	OF 285		
	EMIZED DISBURSEMENTS		ate schedule(s)	1 -	R LINE NUMBER:  PAGE 272 OF 285 eck only one)							
"	LIVIIZED DISDUNSEIVIEN IS		ategory of the	X 21b	22	23		24	25	26		
		Detailed Si	ummary Page	27	28a	28b		28c	29	30b		
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	for commercial purposes, other than using the nam											
$\setminus$	NAME OF COMMITTEE (In Full)											
$  \rangle$	BORDER HEALTH FEDERAL PAG											
$\angle$												
	Full Name (Last, First, Middle Initial)					<u> </u>						
A.	Nicole Gonzales-Leal				Date of Disbursement							
	Mailing Address 2401 W. Rhin Drive				M M / D D / Y Y Y Y Y							
	Walling Address 2401 W. Khill Drive				09 19 2014							
	City	State	Zip Code		Transaction ID : SB21B.27290							
	Edinburg	TX	78539		Transa	action II	) : SE	321B.27	290			
	Purpose of Disbursement											
	contract labor			001	Amount	of Each	Disk	ourseme	nt this	Period		
	Candidate Name			Category/					96	7.06		
	Office County			Type		7	-	7	30			
	Office Sought: House Disbursen		Comerci									
	Senate President	Primary Other (specif	General									
	State: District:	Outor (specii	<i>31</i> ▼									
_	Full Name (Last, First, Middle Initial)											
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	Mailing Address 324 25th Street				07		10		2014			
	•		Zip Code		Trans	action II	) : SI	321B.27	247			
	Odgen Purpose of Disbursement	UT	84401		Transaction ID : SB21B.27247							
	quarterly tax deposits - IRS			001	Amount	of Fach	Dish	ourseme	nt thic	Period		
	Candidate Name				, in our it	Juoi						
				Category/ Type					39	3.43		
	Office Sought: House Disbursen	nent For:		76-								
		Primary	General									
	President	Other (specif	y) <b>▼</b>									
_	State: District:											
	Full Name (Last, First, Middle Initial)		<u> </u>									
C.	Internal Revenue Services				Date of	Disburs	emer	nt				
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	Mailing Address 324 25th Street				07		25		2014	_		
	City S	State	Zip Code									
	Odgen	UT	84401		Trans	action II	) : SI	321B.27	256			
	Purpose of Disbursement											
	quarterly tax deposits - IRS			001	Amount	of Each	Disk	ourseme	nt this	Period		
	Candidate Name			Category/			_		152	5.35		
				Type		- 7	_	7	153	J.JJ		
	Office Sought: House Disbursen											
	Senate President	Primary Other (appoin	General									
	State: District:	Other (specif	y) <b>▼</b>									
г	otato. District.											
, ا	LIRTOTAL of Dichurcomente This Page (entional)			_					289	5.84		
Ľ	UBTOTAL of Disbursements This Page (optional)			·····	-	- 1		1				
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S	CHEDULE B (FEC Form 3X)	FOR LINE					INE NUMBER: PAGE 273 OF 285									
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only for each category of the					_									
			Summary Page		X	21b	22		23		24	25		26		
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	BORDER HEALTH FEDERAL PAC															
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Α.	Internal Revenue Services						Date	of Di	sburse			YY	Y			
	Mailing Address 324 25th Street			08		2	7	L	2014							
	,	State	Zip Code				Tran	sact	ion ID	· SI	B21B.27	265				
	Odgen	UT	84401				i i a i	3401	1011 11	. 0.	DZ 1 D.Z1	203				
	Purpose of Disbursement quarterly tax deposits - IRS				001		Amou	nt of	Each	Dis	burseme	ent this	Perio	od		
	Candidate Name				tegor Type	y/		Ξ	7		-,	1408	3.84			
	Office Sought: House Disbursen	nent For:														
	Senate	Primary	General													
		Other (spec	ify) 🔻													
_	State: District:															
B	Full Name (Last, First, Middle Initial)						Data	of Di	sburse	mai	nt					
υ.	Internal Revenue Services											Y	V			
	Mailing Address 324 25th Street						09			22	/ Y	2014	Y			
	City	State	Zip Code				Tran	seact	ion ID		B21B.27	7201				
	Odgen	UT	84401				IIai	isaci	טו ווטו.	. 3	DZ 1D.Z	231				
	Purpose of Disbursement quarterly tax deposits - IRS				001		Amou	nt of	Each	Dis	burseme	ent this	Perio	od		
	Candidate Name				tegor Type	y/			7		7	1689	9.45			
	Office Sought: House Disbursen	nent For:			<i>,</i> ,											
		Primary	General													
		Other (spec	ify) ▼													
_	State: District:															
_	Full Name (Last, First, Middle Initial)						Data	of Di	sburse	mai	nt					
U.	Ms Prisylla Jasso															
	Mailing Address 213 Quail Court						07	VI /	1		/ Y	2014	Y			
	City 5	State	Zip Code													
		TX	78502				Tran	sact	ion ID	: S	B21B.27	250				
	Purpose of Disbursement				_											
	contract services - salary expenditure				001		Amou	nt of	Each	Dis	burseme	ent this	Perio	d		
	Candidate Name				tegor Type	y/		T				1366	6.72	٦		
	Office Sought: House Disbursen	nent For:							,		7					
		Primary	General													
		Other (spec	ify) 🔻													
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S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER:					PAGE 274 OF 285			
ITEMIZED DISBURSEMENTS			se separate schedule(s) (checl			neck only one)				
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	BORDER HEALTH FEDERAL PAC	;								
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Α.	Ms Prisylla Jasso				Date of	Disburse		/	Y	
	Mailing Address 213 Quail Court				07	25	5	2014		
	City	State Zip Co	ode		Trans	action ID	. CD21D	27255		
	McAllen	TX 78502	2		ITAIIS	action ib	. 30210	.2123		
	Purpose of Disbursement contract services - salary expenditure			001	Amount	of Each	Disburse	ment this	Period	
	Candidate Name			Category/ Type				136	6.72	
	Office Sought: House Disbursen	nent For:		.,,,,,		, , , , , , , , , , , , , , , , , , , ,				
	Senate	Primary G	General							
		Other (specify) ▼								
_	State: District:									
R	Full Name (Last, First, Middle Initial)				Date of	Disburse	mont			
υ.	Ms Prisylla Jasso			_		/ / /	V			
	Mailing Address 213 Quail Court				08			2014	Y	
	City	State Zip Co	ode		08 08 2014  Transaction ID : SB21B.27261					
	McAllen Purpose of Disbursement	TX 78502	2			400.011.12	. 052.5			
	contract services - salary expenditure			001	Amount	of Each	Disburse	ment this	Period	
	Candidate Name			Category/ Type				136	6.72	
	Office Sought: House Disbursen	nent For:		.,,,,,		,	,			
		,	General							
		Other (specify) ▼								
_	State: District:									
_	Full Name (Last, First, Middle Initial)				Doto of	Dishuras	mant			
C.	Ms Prisylla Jasso				Date of	Disburse				
	Mailing Address 213 Quail Court				08	22		2014	Y	
	City	State Zip Co	nde							
		TX 78502			Trans	action ID	: SB21B	.27262		
	Purpose of Disbursement									
	contract services - salary expenditure			001	Amount	of Each	Disburse	ment this	Period	
	Candidate Name			Category/ Type				136	6.73	
	Office Sought: House Disbursen	nent For:	1			- 7	7			
	Senate	Primary G	General							
		Other (specify)								
	State: District:									
5	UBTOTAL of Disbursements This Page (optional)							4100	0.17	
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 275 OF					OF 2	285		
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only			I NOMBER.							
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$\sqrt{}$	NAME OF COMMITTEE (In Full)											
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	Full Name (Last, First, Middle Initial)				Б.:	· D. ·						
A.	Ms Prisylla Jasso				Date of	t Disb	oursei	ment				
	Mailing Address 242 Ovell Court				09	/	0.5	_		y   y 2014	Y	
	Mailing Address 213 Quail Court				09	-	05	)		2014		
	City	State	Zip Code									
	McAllen	TX	78502		Trans	Transaction ID : SB21B.27275						
	Purpose of Disbursement											
	contract services - salary expenditure			001	Amount of Each Disbursement this Perio					d		
	Candidate Name			Category/					-	164	0.74	
				Type				_	7	161	9.74	
	Office Sought: House Disburser											
		Primary	General									
	President	Other (speci	ity) 🔻									
_	State: District:											
_	Full Name (Last, First, Middle Initial)				5.							
В.	Ms Prisylla Jasso		Date o	T Disb	oursei	ment						
Mailing Address 040 Ov. 11 Ov.					M = M	/	D			Y   Y	Y	
	Mailing Address 213 Quail Court				09		19	9		2014		
	City	State	Zip Code									
	McAllen	TX	78502		Trans	sactio	n ID	: SB2	21B.27	289		
	Purpose of Disbursement											
	contract services - salary expenditure			001	Amoun	t of E	ach	Disbu	rseme	nt this	Perio	d
	Candidate Name			Category/					-	404	0.75	
				Type		7		_	7	161	9.75	
	Office Sought: House Disbursen											
		Primary	General									
		Other (speci	ify) 🔻									
_	State: District:											
	Full Name (Last, First, Middle Initial)											
C.	Just Energy				Date of	t Disb	oursei	ment				
	Mallian Address B 2 2				M = M	/	0.00			Y   Y	Y	
	Mailing Address P.O. Box 650518				08		29	j		2014		
	City	State	Zip Code									
	Dallas	TX	78265		Trans	sactio	n ID	: SB2	1B.27	271		
	Purpose of Disbursement		1 3233									
	office electricity expenditure			001	Amoun	t of F	ach I	Dishu	rseme	nt this	Perio	d
	Candidate Name			Category/					23.7101			_
				Type	L .					20	4.57	
	Office Sought: House Disburser	ment For:	I						,			
	Senate	Primary	General									
	President	Other (speci	ify) ▼									
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S	CHEDULE B (FEC Form 3X)			FOR L	INE I	NUMBER	:			PAGE	276 (	OF	285
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	۱ I	(check	only	_							
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$\setminus$	NAME OF COMMITTEE (In Full)												
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<u></u>	Full Name (Last, First, Middle Initial)												
Α.	Long Chilton LLP					Date o		burse			Y	Y	
	Mailing Address 4100 N. 23rd					07	_	10		L	2014		
	•	State Zip Code				Trans	sacti	on ID	· SI	321B.27	252		
	McAllen	TX 78504				mans	Jacti	JII 1D	. 0.	JE 1 D.E1	232		
	Purpose of Disbursement paysmart payroll services			001	1	Amoun	t of I	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name			ategory	/						34	1.64	П
	Office Sought: House Disbursen	 nent For:		Type				7		- 7			
		Primary General											
		Other (specify) ▼											
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υ.	Long Chilton LLP			Date o	לום וי	Duise			Y	V			
	Mailing Address 4100 N. 23rd					08		2			2014	1	
	-	State Zip Code				Trans	sacti	on ID	: SI	B21B.27	7266		
	McAllen Purpose of Disbursement	TX 78504											
	paysmart payroll services			001	П	Amoun	t of I	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name		Ca	ategory	/						E/	0.00	П
	200			Type				7		7	30	0.06	_
	Office Sought: House Disbursen Senate												
		Primary General Other (specify) ▼											
	State: District:	(opening) <b>V</b>											
	Full Name (Last, First, Middle Initial)												
C.	Peppers					Date o	f Dis	burse	mer	nt			
	Moiling Address 4000 North 40th Occurs				_	м = м 07	/	D 1			2014	Υ	
	Mailing Address 4620 North 10th Street					07		15	3		2014		
	City	State Zip Code				Trans	cacti	on ID	. 61	B21B.27	7251		
		TX 78504				ITalis	sacii	טוו ווט	. 31	32 I D.2 <i>1</i>	231		
	Purpose of Disbursement meeting/dinner for pac membership/guests			003	7								
	Candidate Name		<u> </u>		_	Amoun	t of I	Each	Dist	ourseme	ent this	Perio	id
				ategory Type	"						2212	2.31	
	Office Sought: House Disbursen	nent For:						7		7			_
		Primary General											
		Other (specify) ▼											
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S	CHEDULE B (FEC Form 3X)			FOR LINE	IE NUMBER: PAGE 277 OF 285				
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	one)				
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
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$ \rangle$	BORDER HEALTH FEDERAL PAC	;							
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Α.	Peppers				Date of	f Disburse	ment		
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	Mailing Address 4620 North 10th Street				09	23	3	2014	
	City	State	Zip Code						
	McAllen	TX	78504		Trans	action ID	: SB21B.2	7298	
	Purpose of Disbursement meeting/dinner for pac membership/guests					–			
	Candidate Name			003	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Ivallie			Category/ Type				1385	5.10
	Office Sought: House Disbursen	nent For:		. , , , ,		7	-		
		Primary	General						
		Other (spe	cify) 🔻						
_	State: District:  Full Name (Last, First, Middle Initial)								
В.	Perkins Coie				Date of	f Disburse	ment		
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	Mailing Address 607 Fourteenth Street N.W.				09	12	2	2014	
	City	State	Zip Code		Trave	action ID	. CD24B 0	7200	
	Washington	DC	20005		irans	SACTION ID	: SB21B.2	<i>i</i> 200	
	Purpose of Disbursement legal fees			001	Amoun	t of Fach	Disbursem	ent thic	Period
	Candidate Name				, anoun	. J. Lacil	2.000.001	-	-
				Category/ Type			,	110	0.00
	Office Sought: House Disbursem								
		Primary Other (spe	General						
	State: District:	Cirier (spe	ony) ▼						
	Full Name (Last, First, Middle Initial)								
C.	Water Tower Village				Date of	f Disburse	ment		
	Moiling Addross F2044 N. M-C-II DI				M M	/ D		2014	Y
	Mailing Address 52211 N. McColl Road				09	05		2014	
	,	State	Zip Code		Trans	saction ID	: SB21B.2	7272	
	McAllen Purpose of Disbursement	TX	78504		iiaiis	action ID	. 00216.2		
	office lease expenditure			001	Amoun	t of Each	Disbursem	ont thic	Doriod
	Candidate Name			Category/	Amoun	. OI LACII	nonni 96111		
				Type		,	,	1331	1.25
	Office Sought: House Disbursen								
		Primary Other (spe	General						
	State: District:	Otrici (Spc	City) $\blacktriangledown$						
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s	SUBTOTAL of Disbursements This Page (optional)							2826	5.35
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S	CHEDULE B (FEC Form 3X)			FOR I INF	OR LINE NUMBER: PAGE 278 OF 285				
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$  \rangle$	BORDER HEALTH FEDERAL PAGE	•							
	BONDEN HEALTHT EDERALT AC	,							
_	Full Name (Last, First, Middle Initial)								
Α.	DEMOCRATIC CONGRESSIONAL	L CAMPAIGN CON	MMI	TTEE	Date of Disbursement				
	Mailing Address 430 South Capitol Street SE				09 11 2014				
	2nd Floor				09 11 2014				
		State Zip Code			Transaction ID - CD02 07070				
	Washington	DC 20003			Transaction ID : SB23.27279				
	Purpose of Disbursement contribution			011	Amount of Fool Diskumson and this David				
	Candidate Name		┦╚	011	Amount of Each Disbursement this Period				
	DEMOCRATIC CONGRESSIONAL CAMPA	AIGN COMMITTEE	C	ategory/ Type	15000.00				
	Office Sought: House Disburser	ment For: 2014		1,700					
	Senate	Primary							
	President	Other (specify) ▼							
_	State: District:								
Full Name (Last, First, Middle Initial)									
В.	EGGMAN FOR CONGRESS 2014			Date of Disbursement					
	Mailing Address 3220 WEST MONTE VISTA AVEN			09 16 _ 2014 _					
#169									
		State Zip Code			Transaction ID : SB23.27285				
	TURLOCK Purpose of Disbursement	CA 95380	_						
	contribution		Ш	011	Amount of Each Disbursement this Period				
	Candidate Name		_	ategory/					
	MICHAEL RAY EGGMAN			Type	5000.00				
		ment For: 2014							
	Senate President	Primary General							
	State: CA District: 10	Other (specify) ▼							
_	Full Name (Last, First, Middle Initial)								
C.	PALLONE FOR CONGRESS				Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address PO BOX 3176				09 29 2014				
	City	State Zip Code							
	LONG BRANCH	NJ 07740			Transaction ID: SB23.27302				
	Purpose of Disbursement		T						
	contribution		╛┖	011	Amount of Each Disbursement this Period				
	Candidate Name		С	ategory/	5000.00				
	FRANK JR PALLONE  Office Sought:	ment For: 2014		Туре	333.00				
	Senate Dispurser	Primary General							
	President	Other (specify)							
_	State: NJ District: 06								
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
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BORDER HEALTH FEDERAL PA	AC					
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Full Name (Last, First, Middle Initial)			D . (D)			
A. PETERSON FOR CONGRESS			Date of Disbursement			
Mailing Address 26192 FLOYD LAKE POINT RO	AD		09 19 2014			
5 TO SECULO DE LA CONTROL	· <del>·=</del>					
City	State Zip Code		Transaction ID : SB23.27296			
DETROIT LAKES	MN 56502		. 1 a 1 3 a c 1 o 1 i D . 3 D 2 3 . 2 1 2 3 0			
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Perio	nd		
Candidate Name			, anount of Each Dispulsement this Peno	,u		
COLLIN CLARK PETERSON		Category/ Type	5000.00			
	sement For: 2014	71				
Senate	Primary General					
President	Other (specify) ▼					
State: MN District: 07						
Full Name (Last, First, Middle Initial)  B DENITEDIA AMANDA			Date of Disbursement			
B. RENTERIA, AMANDA			M M / D D / Y Y Y Y			
Mailing Address PO BOX 655			09 10 2014			
City	State Zip Code		Transaction ID : SB23.27278			
SANGER Purpose of Disbursement	CA 93657					
contribution		011	Amount of Each Disbursement this Perio	od		
Candidate Name		Category/				
AMANDA RENTERIA		Type	5000.00			
	ement For: 2014					
Senate President	Primary General					
State: CA District: 21	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. RICHMOND FOR CONGRESS			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 1631 ELYSIAN FIELDS			09 15 2014			
SUITE 150 City	State Zip Code					
NEW ORLEANS	LA 70126		Transaction ID : SB23.27283			
Purpose of Disbursement						
contribution		011	Amount of Each Disbursement this Perio	od		
Candidate Name		Category/	5000.00			
CEDRIC L RICHMOND  Office Sought:	sement For: 2014	Туре	7			
Senate Disburs	Primary Seneral					
President	Other (specify)					
State: LA District: 02	_ · · · · · · · ·					
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	Mailing Address PO BOX 250			08 05 2014	
	City	State Zip Code			
	PIERRE	SD 57501		Transaction ID: SB23.27258	
	Purpose of Disbursement	-			
	contribution		011	Amount of Each Disbursement this P	Period
	Candidate Name MARION MICHAEL ROUNDS		Category/	5000.	.00
		nent For: 2014	Туре	7 7	
		Primary			
	President	Other (specify) ▼			
_	State: SD District: 00				
P	Full Name (Last, First, Middle Initial)			Data of Dishursoment	
D.	SECURE PAC			Date of Disbursement	V
	Mailing Address P.O. BOX 675			09 19 2014	Y
		State Zip Code MS 39041		Transaction ID : SB23.27293	
	BOLTON Purpose of Disbursement	MS 39041			
	contribution		011	Amount of Each Disbursement this P	Period
	Candidate Name		Category/	5000.	.00
	SECURE PAC	want Fam. 2071	Type	5000.	.00
		nent For: 2014 Primary X General			
		Other (specify) ▼			
	State: District:	· · · · · · · · · · · · · · · · · · ·			
	Full Name (Last, First, Middle Initial)				
C.	SHORE PAC			Date of Disbursement	
	Mailing Address P.O. BOX 3157			09 29 2014	Υ
	Maining Address F.U. DUA 313/			03 23 2014	_
	,	State Zip Code		Transaction ID : SB23.27303	
	LONG BRANCH Purpose of Disbursement	NJ 07740		.141104041011 1D . 0D23.27303	
	contribution		011	Amount of Each Disbursement this P	Pariod
	Candidate Name		Category/		
	SHORE PAC		Type	5000.	.00
		nent For: 2014			
		Primary General			
	State: District:	Other (specify) ▼			
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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					
Mailing Address P.O. Box 100			09 22 2014					
City	State Zip Code		Transaction ID : SB23.27297					
Bolton	MS 39041		Transaction ib . 3D23.27237					
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	5000.00					
BENNIE G. THOMPSON	and Francesco	Туре	3000.00					
	nent For: 2014 Primary X Genera	.						
	Other (specify)							
State: MS District: 02	(-  <b>y</b>							
Full Name (Last, First, Middle Initial)								
B. VALLEY POLITICAL ACTION COM	MMITTEE		Date of Disbursement					
Mailing Address P.O. BOX 77693			09 26 2014					
,	State Zip Code DC 20013		Transaction ID : SB23.27299					
WASHINGTON Purpose of Disbursement	DC 20013							
contribution		011	Amount of Each Disbursement this Period					
Candidate Name	45 41 <del></del>	Category/	5000.00					
VALLEY POLITICAL ACTION CON Office Sought: House Disbursen		Туре	3000.00					
	nent For: 2014 Primary X Genera	.						
	Primary	.						
State: District:	(-							
Full Name (Last, First, Middle Initial)								
C. MARC ALLISON VEASEY			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address PO BOX 50084								
Mailing Address PO BOX 50084	State Zip Code		09 09 7 2014					
Mailing Address PO BOX 50084  City FORT WORTH	State Zip Code TX 76105		M M / D D / Y Y Y Y					
Mailing Address PO BOX 50084  City	·	011	09 09 2014  Transaction ID : SB23.27276					
Mailing Address PO BOX 50084  City S FORT WORTH Purpose of Disbursement contribution	·	011	09 09 7 2014					
Mailing Address PO BOX 50084  City S FORT WORTH Purpose of Disbursement contribution Candidate Name	·	Category/	09 09 2014  Transaction ID : SB23.27276					
Mailing Address PO BOX 50084  City STATE OF THE Purpose of Disbursement contribution  Candidate Name MARC ALLISON VEASEY	·		Transaction ID : SB23.27276  Amount of Each Disbursement this Period					
Mailing Address PO BOX 50084  City S FORT WORTH Purpose of Disbursement contribution  Candidate Name MARC ALLISON VEASEY  Office Sought: House Senate  Disbursen	TX 76105	Category/ Type	Transaction ID : SB23.27276  Amount of Each Disbursement this Period					
Mailing Address PO BOX 50084  City S FORT WORTH Purpose of Disbursement contribution  Candidate Name MARC ALLISON VEASEY  Office Sought: House Senate President	TX 76105	Category/ Type	Transaction ID : SB23.27276  Amount of Each Disbursement this Period					
Mailing Address PO BOX 50084  City S FORT WORTH Purpose of Disbursement contribution  Candidate Name MARC ALLISON VEASEY  Office Sought: House Senate  Disbursen	TX 76105  nent For: 2014  Primary Genera	Category/ Type	Transaction ID : SB23.27276  Amount of Each Disbursement this Period					
City FORT WORTH Purpose of Disbursement contribution  Candidate Name MARC ALLISON VEASEY  Office Sought:  House Senate President State: TX District: 33	nent For: 2014 Primary General Other (specify)	Category/ Type	Transaction ID : SB23.27276  Amount of Each Disbursement this Period					
Mailing Address PO BOX 50084  City S FORT WORTH Purpose of Disbursement contribution  Candidate Name MARC ALLISON VEASEY  Office Sought: House Senate President	nent For: 2014 Primary General Other (specify)	Category/ Type	Transaction ID: SB23.27276  Amount of Each Disbursement this Period  5000.00					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 282 OF 285				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)				
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29				
Any information copied from such Reports and Staten							
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
BORDER HEALTH FEDERAL PAC	,						
Full Name (Last, First, Middle Initial)			5				
N. WHO DAT PAC			Date of Disbursement				
Mailing Address 499 SOUTH CAPITOL STREET, S	W		09 15 _2014 _				
SUITE 422							
City S WASHINGTON	State Zip Code DC 20003		Transaction ID: SB23.27284				
Purpose of Disbursement	20003						
contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
WHO DAT PAC Office Sought: House Disbursen	nent For: 2014	Туре					
	Primary X General						
President	Other (specify) ▼						
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	Primary General						
President State: District:	Other (specify) ▼						
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r dipose of biobarcement			Amount of Each Disbursement this Peri				
Candidate Name		Category/					
Office Cought		Type					
Office Sought: House Disbursen Senate	nent For: Primary General						
	Other (specify) ▼						
State: District:							
			5000.00				
SUBTOTAL of Disbursements This Page (optional)		·····•	5000.00				
TOTAL This Period (last page this line number only)			75000.00				

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 283 OF 285
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c <b>X</b> 29 30
Any information copied from such Reports and Stater	nents may not be sold or use			
or for commercial purposes, other than using the name	ne and address of any politic	al committee to	solicit contributions f	rom such committee.
NAME OF COMMITTEE (In Full)				
angle BORDER HEALTH FEDERAL PAC				
Full Name (Last, First, Middle Initial)		Ī		
The Robert Menendez Legal Expe	nse Trust		Date of Disbursem	ent
			M M / D D	
Mailing Address 1100 Valley Brook Avenue			09 16	2014
City	State Zip Code			
Lyndhurst	NJ 07071		Transaction ID:	SB29.27287
Purpose of Disbursement donation		040		
Candidate Name		012	Amount of Each D	isbursement this Period
Candidate Ivallie		Category/ Type		10000.00
Office Sought: House Disburser	ment For:	.,,,,		
Senate	Primary General			
State: District:	Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)				
s.			Date of Disbursem	ent
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Mailing Address				
City	State Zip Code			
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Purpose of Disbursement			Amount of Foot B	inhomen and their Death C
Candidate Name			Amount of Each D	isbursement this Period
		Category/ Type		
Office Sought: House Disburser	nent For:	71.		
Senate	Primary General			
President State: District:	Other (specify) ▼			
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- un realité (Last, Flist, Midale l'illian)			Date of Disbursem	ent
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Mailing Address				
City	State Zip Code			
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Purpose of Disbursement			Assessment of Foods D	lahamaan ah dhila Dawlad
Candidate Name		Cotogony	Amount of Each D	isbursement this Period
		Category/ Type		
Office Sought: House Disburser				
Senate President	Primary General Other (specify)			
State: District:	outer (specify)			
SUBTOTAL of Disbursements This Page (optional)				10000.00
				40000.00
TOTAL This Period (last page this line number only)				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
X	10

NAME OF COMMITTEE (In Full) BORDER HEALTH FÉDERAL PAC

AC Rentals  Mailing Address PO Box 2673  City State Zip Code TX 78502  Outstanding Balance Beginning This Period 900.00  Amount Incurred This Period Payment This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals  Mailing Address PO Box 2673  City State Zip Code TX 78502  Outstanding Balance Beginning This Period TX 78502  Outstanding Balance Beginning This Period TX 78502  Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Payment This Period Outstanding Balance at Close of This Period Outstandi					
Mailing Address PO Box 2673  City State Zip Code TX 78502  Outstanding Balance Beginning This Period 900.00  Amount Incurred This Period 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TX 78502  Cutstanding Balance Beginning This Period 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 10.00  C. Full Name (Last, First, Middle Initial) of Debtor or		Nature of Debt (Purpose):			
City State Zip Code TX 78502  Outstanding Balance Beginning This Period 900.00  Amount Incurred This Period 0.00  E. Full Name (Last, First, Middle Initial) of Debtor or Creditor  AC Rentals  Mailing Address PO Box 2673  City State Zip Code TX 78502  Outstanding Balance Beginning This Period 900.00  Amount Incurred This Period Payment This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code 1.00  Amount Incurred This Period Payment This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance at Close of This Period 0.000  Outstanding Balance 0.000  Outstanding Balance at Close of This Period 0.000  Outstanding Balance 0.0000  Outstanding Balance 0.000  Outstanding Balance 0.0000  Outstanding Balance 0.0000  Outst	AC Rentals	Total opuco			
McAllen TX 78502  Outstanding Balance Beginning This Period 900.00  Amount Incurred This Period 0.00  Amount Incurred This Period 0.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  AC Rentals  Mailing Address PO Box 2673  City State Zip Code TX 78502  Outstanding Balance Beginning This Period 0.00  Amount Incurred This Period 0.00  Amount Incurred This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance at Close of This Period 0.000  Outstanding Balance at Close of This Period 0.0000  Outstanding Balance at Close of This Period 0.000  Outstanding Balance at Close of This Period 0.000  Outstanding Balance at Close of This Period 0.0000  TOTALS This Period (last page this line number only)	Mailing Address PO Box 2673		_		
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Amount Incurred This Period 0.00 0.00 0.00 0.00 900.00  B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals  Mailing Address PO Box 2673  City State Zip Code TX 78502  Cutstanding Balance Beginning This Period 900.00  Amount Incurred This Period 0.00 0.00 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code TX 78502  Cutstanding Balance at Close of This Period 0.000 0.000 0.000  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period 0.000 0.000 0.000  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance at Close of This Period 0.000 0.000 0.000  Substanding Balance at Close of This Period 0.000 0.					
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City State Zip Code TX 78502  Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period	AC Rentals		rental space		
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McAllen TX 78502  Outstanding Balance Beginning This Period 900.00  Amount Incurred This Period 0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mailing Address  City State Zip Code  Outstanding Balance at Close of This Period  Outstanding Balance Beginning This Period  Outstanding Balance at Close of This Period  Formula This Period This Period This Page (optional)	City State	Zip Code			
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Amount Incurred This Period  0.00					
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  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  SUBTOTALS This Period This Page (optional)		Payment This Period	Outstanding Balance at Close of This Period		
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TOTALS This Period (last page this line number only)	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
TOTALS This Period (last page this line number only)			1		
TOTALS This Period (last page this line number only)	7 7				
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	1800.00		
1800 00	TOTALS This Period (last page this line number	r only)	1800.00		
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	0.00		
	ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	1800.00		

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: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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.