

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street)

612 W. Nolana Suite 340

Check if different than previously reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00415752

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period

07 01 2012

through

09 30 2012

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer

Ernie Perez

[Electronically Filed]

Date

06 11 2013

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="991233.52"/>	<input type="text" value="991233.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="823801.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="126836.01"/>	<input type="text" value="357445.18"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="950637.22"/>	<input type="text" value="1348678.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="129962.57"/>	<input type="text" value="528004.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="820674.65"/>	<input type="text" value="820674.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="1800.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	115381.81	317037.14
(ii) Unitemized	11454.20	35408.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	126836.01	352445.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	126836.01	352445.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	126836.01	357445.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	126836.01	357445.18

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	64962.57	223004.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	64962.57	223004.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65000.00	255000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	129962.57	528004.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	129962.57	528004.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	126836.01	352445.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126836.01	352445.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64962.57	223004.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64962.57	223004.05

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ziad Abdeen
Full Name (Last, First, Middle Initial)
Mailing Address 809-A Savannah #3

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.19060

Amount of Each Receipt this Period

125.00

contribution

B. Dr. Ziad Abdeen
Full Name (Last, First, Middle Initial)
Mailing Address 809-A Savannah #3

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18707

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Ziad Abdeen
Full Name (Last, First, Middle Initial)
Mailing Address 809-A Savannah #3

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19062

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Riad Aboujamous
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 Fullerton
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19064
 Amount of Each Receipt this Period
 250.00
 contribution

B. Charity Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18375
 Amount of Each Receipt this Period
 250.00
 contribution

c. Charity Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18709
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Charity Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 1619 heritage lane
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19065
Amount of Each Receipt this Period **250.00**
contribution

B. Ricardo Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 200 E. Xenops
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1050.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18376
Amount of Each Receipt this Period **150.00**
contribution

C. Ricardo Abreu
Full Name (Last, First, Middle Initial)
Mailing Address 200 E. Xenops
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18710
Amount of Each Receipt this Period **150.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **550.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ricardo Abreu		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19066
Mailing Address 200 E. Xenops		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) B. Ruben Abreu		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18377
Mailing Address 104 augusta square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Ruben Abreu		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18711
Mailing Address 104 augusta square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ruben Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19067

Amount of Each Receipt this Period
250.00
contribution

B. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18703

Amount of Each Receipt this Period
250.00
contribution

C. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18712

Amount of Each Receipt this Period
250.00
contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19068

Amount of Each Receipt this Period
 250.00
 contribution

B. Michael Alleyn
Full Name (Last, First, Middle Initial)

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18380

Amount of Each Receipt this Period
 250.00
 contribution

C. Michael Alleyn
Full Name (Last, First, Middle Initial)

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18715

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Alleyn		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11Al.19071
Mailing Address 5505 N. 4th		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Ms Alex Ambriz		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11Al.19072
Mailing Address 15253 Heather		Amount of Each Receipt this Period 25.00 contribution
City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Michael Amyx		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11Al.18382
Mailing Address 2108 Mynah		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Michael Amyx

Mailing Address 2108 Mynah

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11AI.18717

Amount of Each Receipt this Period
 250.00

contribution

Full Name (Last, First, Middle Initial)
B. Michael Amyx

Mailing Address 2108 Mynah

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.19073

Amount of Each Receipt this Period
 250.00

contribution

Full Name (Last, First, Middle Initial)
c. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physicain
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.19074

Amount of Each Receipt this Period
 100.00

contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18383

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18719

Amount of Each Receipt this Period

50.00

contribution

C. Dr. Eduardo Aquino
Full Name (Last, First, Middle Initial)
Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19075

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11Al.18384

Amount of Each Receipt this Period
250.00
contribution

B. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11Al.18720

Amount of Each Receipt this Period
250.00
contribution

C. Dario Arango
Full Name (Last, First, Middle Initial)

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11Al.19076

Amount of Each Receipt this Period
250.00
contribution

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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Daisy Arce

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18385

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Daisy Arce

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18721

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Daisy Arce

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19077

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Julio Arias-Viaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Santa Paula
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : SA11AI.18723
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Julio Arias-Viaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Santa Paula
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : SA11AI.19079
 Amount of Each Receipt this Period
 100.00
 contribution

C. Alejandro Arizmendi
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 N 'D' Salinas Blvd
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : SA11AI.19080
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Pedro Arrazola
 Full Name (Last, First, Middle Initial)
 Mailing Address 5114 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18725
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Pedro Arrazola
 Full Name (Last, First, Middle Initial)
 Mailing Address 5114 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19081
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Danilo Asase
 Full Name (Last, First, Middle Initial)
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19082
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Marilyn Assistores
Full Name (Last, First, Middle Initial)
Mailing Address 2222 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18727

Amount of Each Receipt this Period
75.00
contribution

B. Dr. Marilyn Assistores
Full Name (Last, First, Middle Initial)
Mailing Address 2222 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19083

Amount of Each Receipt this Period
75.00
contribution

C. Dr. Felipe Avila
Full Name (Last, First, Middle Initial)
Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18391

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Felipe Avila
Full Name (Last, First, Middle Initial)
Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18730

Amount of Each Receipt this Period
250.00
contribution

B. Dr. Felipe Avila
Full Name (Last, First, Middle Initial)
Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19085

Amount of Each Receipt this Period
250.00
contribution

C. Dr. Roberto A, Ayers
Full Name (Last, First, Middle Initial)
Mailing Address 1900 S. Jackson #7

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer
selfemployed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19087

Amount of Each Receipt this Period
100.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Murphy Badiga		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18393
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) B. Murphy Badiga		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18733
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

Full Name (Last, First, Middle Initial) c. Murphy Badiga		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19088
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18394

Amount of Each Receipt this Period

10.00

contribution

B. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18734

Amount of Each Receipt this Period

10.00

contribution

C. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19089

Amount of Each Receipt this Period

10.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18395

Amount of Each Receipt this Period

50.00

contribution

B. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18735

Amount of Each Receipt this Period

50.00

contribution

C. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19090

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mr. Marcos Barrera		Date of Receipt
Mailing Address 3000 Yellowhammer		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="875.00"/>	
		Transaction ID : SA11AI.18396
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
		contribution

Full Name (Last, First, Middle Initial) B. Mr. Marcos Barrera		Date of Receipt
Mailing Address 3000 Yellowhammer		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.18736
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
		contribution

Full Name (Last, First, Middle Initial) C. Mr. Marcos Barrera		Date of Receipt
Mailing Address 3000 Yellowhammer		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1125.00"/>	
		Transaction ID : SA11AI.19091
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ricardo Barrera		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18397
Mailing Address 420 Frio		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Ricardo Barrera		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18737
Mailing Address 420 Frio		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Ricardo Barrera		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19092
Mailing Address 420 Frio		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sebrahmany Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11AI.18398

Amount of Each Receipt this Period
 400.00

contribution

B. Dr. Sebrahmany Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11AI.18738

Amount of Each Receipt this Period
 400.00

contribution

C. Dr. Sebrahmany Behara
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.19093

Amount of Each Receipt this Period
 400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18399

Amount of Each Receipt this Period
 250.00
 contribution

B. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18740

Amount of Each Receipt this Period
 250.00
 contribution

C. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19095

Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Sarojini Bose		Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 7007 N 1st Lane		Transaction ID : SA11AI.18401
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Sarojini Bose		Date of Receipt MM / DD / YYYY 08 / 24 / 2012
Mailing Address 7007 N 1st Lane		Transaction ID : SA11AI.18741
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Sarojini Bose		Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address 7007 N 1st Lane		Transaction ID : SA11AI.19096
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Francisco Bracamontes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : SA11AI.18402
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 400.00 contribution
City mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed	Occupation physician	Amount of Each Receipt this Period 1900.00 contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) B. Francisco Bracamontes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2012 Transaction ID : SA11AI.18742
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 400.00 contribution
City mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed	Occupation physician	Amount of Each Receipt this Period 2300.00 contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Francisco Bracamontes		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2012 Transaction ID : SA11AI.19097
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 400.00 contribution
City mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed	Occupation physician	Amount of Each Receipt this Period 2700.00 contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Yvonne Bracamontes			Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 2005 Cimarron Court			Transaction ID : SA11AI.18403
City Mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			contribution
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dr. Yvonne Bracamontes			Date of Receipt MM / DD / YYYY 08 / 24 / 2012
Mailing Address 2005 Cimarron Court			Transaction ID : SA11AI.18743
City Mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			contribution
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Yvonne Bracamontes			Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address 2005 Cimarron Court			Transaction ID : SA11AI.19098
City Mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			contribution
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Robert Brace
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11Al.18404

Amount of Each Receipt this Period
 400.00

contribution

B. Robert Brace
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11Al.18744

Amount of Each Receipt this Period
 400.00

contribution

C. Dr. Erasto Canales
Full Name (Last, First, Middle Initial)

Mailing Address 105 Bluebird

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11Al.18406

Amount of Each Receipt this Period
 125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Erasto Canales
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Bluebird
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18746
 Amount of Each Receipt this Period
 125.00
 contribution

B. Dr. Erasto Canales
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Bluebird
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19100
 Amount of Each Receipt this Period
 125.00
 contribution

C. Desi Canals
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 Trinity
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19102
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... **275.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alonzo Cantu		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11Al.18409
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) B. Alonzo Cantu		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11Al.18749
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

Full Name (Last, First, Middle Initial) C. Alonzo Cantu		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11Al.19103
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Leonel Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Deborah
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18411
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Leonel Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Deborah
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18751
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Leonel Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Deborah
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19105
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11Al.18412

Amount of Each Receipt this Period **50.00**
contribution

Full Name (Last, First, Middle Initial)
B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11Al.18752

Amount of Each Receipt this Period **50.00**
contribution

Full Name (Last, First, Middle Initial)
C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11Al.19106

Amount of Each Receipt this Period **50.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Joseph Caporusso
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 E. Yellowhammer
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18754
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Joseph Caporusso
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 E. Yellowhammer
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19108
 Amount of Each Receipt this Period
 100.00
 contribution

C. Carlos Cardenas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N. Taylor Road
 City State Zip Code
 mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18415
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18755

Amount of Each Receipt this Period

400.00

contribution

B. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19109

Amount of Each Receipt this Period

400.00

contribution

C. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18416

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18756
Amount of Each Receipt this Period **400.00**
contribution

B. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3600.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19110
Amount of Each Receipt this Period **400.00**
contribution

C. Marissa Castaneda
Full Name (Last, First, Middle Initial)
Mailing Address 5021 Elk Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18417
Amount of Each Receipt this Period **50.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **850.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 39 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Marissa Castaneda

Mailing Address 5021
Elk Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18757

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
B. Marissa Castaneda

Mailing Address 5021
Elk Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19111

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18418

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Augusto Castrillon
Full Name (Last, First, Middle Initial)
Mailing Address 223 Rio Grande Drive
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18759
Amount of Each Receipt this Period 250.00
contribution

B. Augusto Castrillon
Full Name (Last, First, Middle Initial)
Mailing Address 223 Rio Grande Drive
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2250.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19113
Amount of Each Receipt this Period 250.00
contribution

C. Norma Cavazos-Salas
Full Name (Last, First, Middle Initial)
Mailing Address 2301 N. Bryan Road
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 875.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18419
Amount of Each Receipt this Period 125.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.18760
Name of Employer self-employed		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) B. Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.19114
Name of Employer self-employed		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="1125.00"/>		

Full Name (Last, First, Middle Initial) C. R. Chandrasekharan		Date of Receipt
Mailing Address 1210 East 8th street suite 1		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City weslaco	State TX	Zip Code 78591
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11Al.18421
Name of Employer self-employed		Amount of Each Receipt this Period
Occupation physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="875.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11Al.18761
 Amount of Each Receipt this Period 125.00
 contribution

B. R. Chandrarasekharan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 East 8th street
 suite 1
 City weslaco State TX Zip Code 78591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11Al.19115
 Amount of Each Receipt this Period 125.00
 contribution

C. Mr. Roel Contreras
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Harvey
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11Al.19116
 Amount of Each Receipt this Period 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18423

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18763

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19117

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18424

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18764

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19118

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 218
(check only one)

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

Full Name (Last, First, Middle Initial) A. Diana Cortinas		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18425
Mailing Address 1400 Northgate Lane		Amount of Each Receipt this Period 200.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.60	

Full Name (Last, First, Middle Initial) B. Diana Cortinas		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18765
Mailing Address 1400 Northgate Lane		Amount of Each Receipt this Period 200.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.60	

Full Name (Last, First, Middle Initial) C. Diana Cortinas		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19119
Mailing Address 1400 Northgate Lane		Amount of Each Receipt this Period 200.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1630.60	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Guillermo Cortinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 949.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18426
 Amount of Each Receipt this Period
 50.00
 contribution

B. Guillermo Cortinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18766
 Amount of Each Receipt this Period
 50.00
 contribution

C. Guillermo Cortinas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1049.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19120
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Javier Cortinas		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18427
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Javier Cortinas		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18767
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Javier Cortinas		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19121
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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).....▶	

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

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

FOR LINE NUMBER: PAGE 48 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hildegardo Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18428
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Hildegardo Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18768
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Hildegardo Costa
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19122
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Darling		Date of Receipt
Mailing Address 1225 E Peking		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18429
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/>		contribution

Full Name (Last, First, Middle Initial) B. James Darling		Date of Receipt
Mailing Address 1225 E Peking		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18769
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		contribution

Full Name (Last, First, Middle Initial) C. James Darling		Date of Receipt
Mailing Address 1225 E Peking		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19124
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1350.00"/>		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11AI.18431

Amount of Each Receipt this Period
 250.00

contribution

B. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11AI.18771

Amount of Each Receipt this Period
 250.00

contribution

C. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.19126

Amount of Each Receipt this Period
 250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 51 OF 218
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11Al.18432

Amount of Each Receipt this Period
 125.00

contribution

B. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11Al.18772

Amount of Each Receipt this Period
 125.00

contribution

C. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11Al.19127

Amount of Each Receipt this Period
 125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11Al.18433
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11Al.18773
 Amount of Each Receipt this Period **50.00**
 contribution

C. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11Al.19128
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11Al.18434

Amount of Each Receipt this Period
 250.00

contribution

B. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11Al.18774

Amount of Each Receipt this Period
 250.00

contribution

c. Jorge De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11Al.19129

Amount of Each Receipt this Period
 250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
selfemployed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11Al.18436

Amount of Each Receipt this Period
150.00
contribution

B. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
selfemployed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11Al.18776

Amount of Each Receipt this Period
150.00
contribution

C. Luis Delgado Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
selfemployed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1550.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11Al.19131

Amount of Each Receipt this Period
150.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Ted Disque
Full Name (Last, First, Middle Initial)

Mailing Address 501 Iris

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19133

Amount of Each Receipt this Period
25.00
contribution

B. Ms Oneida Elizondo
Full Name (Last, First, Middle Initial)

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19134

Amount of Each Receipt this Period
25.00
contribution

C. Kotthegal Eshwar
Full Name (Last, First, Middle Initial)

Mailing Address 108 Yellow Hammer

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18440

Amount of Each Receipt this Period
50.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Koththegal Eshwar
Full Name (Last, First, Middle Initial)
Mailing Address 108 Yellow Hammer
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18781
Amount of Each Receipt this Period 50.00
contribution

B. Koththegal Eshwar
Full Name (Last, First, Middle Initial)
Mailing Address 108 Yellow Hammer
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19135
Amount of Each Receipt this Period 50.00
contribution

C. Antonio Esparza
Full Name (Last, First, Middle Initial)
Mailing Address 136 W. Yucca
City mcallent State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18441
Amount of Each Receipt this Period 250.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Antonio Esparza		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18782
Mailing Address 136 W. Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Antonio Esparza		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19136
Mailing Address 136 W. Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Antonio Falcon		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18783
Mailing Address 2768 Pharmacy Road		Amount of Each Receipt this Period 100.00 contribution
City rio grande city	State TX	Zip Code 78582
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Antonio Falcon
Full Name (Last, First, Middle Initial)

Mailing Address 2768 Pharmacy Road

City State Zip Code
rio grande city TX 78582

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19137

Amount of Each Receipt this Period
100.00
contribution

B. Maria Elena Falcon
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18443

Amount of Each Receipt this Period
250.00
contribution

C. Maria Elena Falcon
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18784

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 59 OF 218
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SA11Al.19138

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
McAllen TX 78503

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2012

Transaction ID : SA11Al.18705

Amount of Each Receipt this Period
250.00

contribution

Full Name (Last, First, Middle Initial)
c. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City State Zip Code
McAllen TX 78503

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2012

Transaction ID : SA11Al.18785

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 60 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Alexander Feigl
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 E. Savannah #101
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19139
 Amount of Each Receipt this Period **250.00**
 contribution

B. Alberto Felici
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 W. Greenbriar Square
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **764.65**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18444
 Amount of Each Receipt this Period **100.00**
 contribution

C. Alberto Felici
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 W. Greenbriar Square
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **864.65**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18786
 Amount of Each Receipt this Period **100.00**
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **964.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.19140

Amount of Each Receipt this Period
100.00

contribution

B. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1747.61**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SA11AI.18445

Amount of Each Receipt this Period
250.00

contribution

C. Marco Flores
Full Name (Last, First, Middle Initial)

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1997.61**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.18787

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Marco Flores		Date of Receipt 09 / 27 / 2012 Transaction ID : SA11Al.19141
Mailing Address 320 Primrose		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 2247.61
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Melissa P. Flores		Date of Receipt 09 / 27 / 2012 Transaction ID : SA11Al.19143
Mailing Address 4420 East Mile 17 1/2		Amount of Each Receipt this Period 25.00 contribution
City Edinburg	State TX	Zip Code 78542
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation private investor		Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Raymond Franklin		Date of Receipt 07 / 17 / 2012 Transaction ID : SA11Al.18448
Mailing Address 3212 Nightingale Court		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18790
 Amount of Each Receipt this Period
 50.00
 contribution

B. Mr. Raymond Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 Nightingale Court
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19144
 Amount of Each Receipt this Period
 50.00
 contribution

C. Eugenio Galindo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5936 N. Cynthia
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18449
 Amount of Each Receipt this Period
 400.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Eugenio Galindo
Full Name (Last, First, Middle Initial)
Mailing Address 5936 N. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11Al.18791

Amount of Each Receipt this Period
400.00
contribution

B. Eugenio Galindo
Full Name (Last, First, Middle Initial)
Mailing Address 5936 N. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11Al.19145

Amount of Each Receipt this Period
400.00
contribution

C. Elvin Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Santa Teresa

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11Al.18451

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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Elvin Garcia		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18792
Mailing Address 2800 Santa Teresa		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Elvin Garcia		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19146
Mailing Address 2800 Santa Teresa		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Hiram Garcia		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18452
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hiram Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18793

Amount of Each Receipt this Period

250.00

contribution

B. Hiram Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2712 E Mile 5 Road

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19147

Amount of Each Receipt this Period

250.00

contribution

C. Dr. Oscar Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18454

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18795

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19149

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 6108 North 5th Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.19018

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ricardo Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 6108 North 5th Street
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19151
 Amount of Each Receipt this Period
 75.00
 contribution

B. Dr. Samuel Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 E. Guardenia
 City State Zip Code
 McAllen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18797
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Samuel Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 E. Guardenia
 City State Zip Code
 McAllen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19152
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 69 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Carlos Garcia-Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 N. 10th #240
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18450
 Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Carlos Garcia-Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 N. 10th #240
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18798
 Amount of Each Receipt this Period
 250.00
 contribution

C. Dr. Carlos Garcia-Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 N. 10th #240
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19153
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Anna Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 S Boyce Circle
 City Donna State TX Zip Code 78557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19155
 Amount of Each Receipt this Period **25.00**
 contribution

B. Dr. James Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18461
 Amount of Each Receipt this Period **400.00**
 contribution

C. Dr. James Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18801
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **825.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. James Garza
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Lakeshore Drive

City	State	Zip Code
Edinburg	TX	78539

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

Name of Employer	Occupation
self-employed	physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19156

Amount of Each Receipt this Period

400.00

contribution

B. Rene Garza
Full Name (Last, First, Middle Initial)

Mailing Address 5404 N. 1st street

City	State	Zip Code
mcallen	TX	78504

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

Name of Employer	Occupation
selfemployed	private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18462

Amount of Each Receipt this Period

400.00

contribution

C. Rene Garza
Full Name (Last, First, Middle Initial)

Mailing Address 5404 N. 1st street

City	State	Zip Code
mcallen	TX	78504

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

Name of Employer	Occupation
selfemployed	private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18803

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2850.00"/>	
		Transaction ID : SA11AI.19158
		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
		contribution

Full Name (Last, First, Middle Initial) B. Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvarido North		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Palmhurst	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	self-employee physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="875.00"/>	
		Transaction ID : SA11AI.18459
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
		contribution

Full Name (Last, First, Middle Initial) C. Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvarido North		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Palmhurst	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	self-employee physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.18804
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ayda Garza-Montalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Silvarado North
 City State Zip Code
 Palmhurst TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19159
 Amount of Each Receipt this Period
 125.00
 contribution

B. Dr. Jesus Garza-Tamez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 W. Gardenia
 City State Zip Code
 McAllen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18805
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Jesus Garza-Tamez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 W. Gardenia
 City State Zip Code
 McAllen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19160
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18463

Amount of Each Receipt this Period

400.00

contribution

B. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18806

Amount of Each Receipt this Period

400.00

contribution

C. Lawrence Gelman
Full Name (Last, First, Middle Initial)
Mailing Address 3900 Sundown Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19161

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Sathiyaraj George		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18465
Mailing Address 2607 Solera		Amount of Each Receipt this Period 250.00 contribution
City Mission TX 78572	State TX Zip Code 78572	
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Sathiyaraj George		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18807
Mailing Address 2607 Solera		Amount of Each Receipt this Period 250.00 contribution
City Mission TX 78572	State TX Zip Code 78572	
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Sathiyaraj George		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19162
Mailing Address 2607 Solera		Amount of Each Receipt this Period 250.00 contribution
City Mission TX 78572	State TX Zip Code 78572	
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18467

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18809

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19164

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alvaro Giraldo
Full Name (Last, First, Middle Initial)

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SA11Al.18468

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11Al.18810

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11Al.19165

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 78 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Juan Pablo Gomez
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Canary
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11Al.18471
 Amount of Each Receipt this Period
 200.00
 contribution

B. Dr. Juan Pablo Gomez
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Canary
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18812
 Amount of Each Receipt this Period
 200.00
 contribution

C. Dr. Juan Pablo Gomez
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Canary
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19167
 Amount of Each Receipt this Period
 200.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mr. Marco Gomez		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11Al.19168
Mailing Address 2705 Biltmore		Amount of Each Receipt this Period 25.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 225.00	
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Michael Gonzales		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11Al.19171
Mailing Address 204 Valenca		Amount of Each Receipt this Period 25.00 contribution
City Weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 203.28	
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ada Gonzalez		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11Al.18474
Mailing Address P.O. Box 9817		Amount of Each Receipt this Period 75.00 contribution
City alamo	State TX	Zip Code 78516
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 525.00	
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ada Gonzalez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 9817

City alamo	State TX	Zip Code 78516
---------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18817

Amount of Each Receipt this Period

75.00

contribution

B. Ada Gonzalez
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 9817

City alamo	State TX	Zip Code 78516
---------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19172

Amount of Each Receipt this Period

75.00

contribution

C. Jaime Gonzalez
Full Name (Last, First, Middle Initial)
Mailing Address 3511 Plazas del Lago

City edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18479

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jaime Gonzalez
Full Name (Last, First, Middle Initial)
Mailing Address 3511 Plazas del Lago

City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18821

Amount of Each Receipt this Period
250.00
contribution

B. Jaime Gonzalez
Full Name (Last, First, Middle Initial)
Mailing Address 3511 Plazas del Lago

City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19176

Amount of Each Receipt this Period
250.00
contribution

C. Juan Gonzalez-Dickson
Full Name (Last, First, Middle Initial)
Mailing Address 1501 Meadwood

City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18473

Amount of Each Receipt this Period
250.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18822
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19177
Mailing Address 1501 Meadwood		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Verley Gordon		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18480
Mailing Address 1700 E. Mile 3 Road		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1562.56	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1812.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18823

Amount of Each Receipt this Period

250.00

contribution

B. Verley Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 1700 E. Mile 3 Road

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2062.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19178

Amount of Each Receipt this Period

250.00

contribution

C. Enrique Griego
Full Name (Last, First, Middle Initial)
Mailing Address 905 Inspiratin Drive

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18481

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18824

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19179

Amount of Each Receipt this Period
 400.00
 contribution

c. Dr. Maria Ruby Guajardo
Full Name (Last, First, Middle Initial)

Mailing Address 2603 Santa Laura

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11Al.18482

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Maria Ruby Guajardo			Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18825
Mailing Address 2603 Santa Laura			Amount of Each Receipt this Period 50.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Dr. Maria Ruby Guajardo			Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19180
Mailing Address 2603 Santa Laura			Amount of Each Receipt this Period 50.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Daniel Guerra			Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18484
Mailing Address 101 S. Broadway			Amount of Each Receipt this Period 100.00 contribution
City Mcallen	State TX	Zip Code 78501	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Daniel Guerra
Full Name (Last, First, Middle Initial)
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18827

Amount of Each Receipt this Period

100.00

contribution

B. Daniel Guerra
Full Name (Last, First, Middle Initial)
Mailing Address 101 S. Broadway

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19181

Amount of Each Receipt this Period

100.00

contribution

C. Marcy Guerra
Full Name (Last, First, Middle Initial)
Mailing Address 13337 Borolo Drive

City edinburg	State TX	Zip Code 78541
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18486

Amount of Each Receipt this Period

250.00

contribution

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

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

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

FOR LINE NUMBER: PAGE 87 OF 218
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City edenburg	State TX	Zip Code 78541
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18829

Amount of Each Receipt this Period

250.00

contribution

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

Mailing Address 13337 Borolo Drive

City edenburg	State TX	Zip Code 78541
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19183

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)
C. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1526.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18487

Amount of Each Receipt this Period

250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Rodolfo Guerrero		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18830
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1776.09	

Full Name (Last, First, Middle Initial) B. Rodolfo Guerrero		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19184
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2026.09	

Full Name (Last, First, Middle Initial) C. Alberto Gutierrez		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18489
Mailing Address 6020 Wisconsin		Amount of Each Receipt this Period 250.00 contribution
City edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18832

Amount of Each Receipt this Period
250.00
contribution

B. Alberto Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19186

Amount of Each Receipt this Period
250.00
contribution

C. Marco Gutierrez
Full Name (Last, First, Middle Initial)

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18490

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18833

Amount of Each Receipt this Period
400.00
contribution

Full Name (Last, First, Middle Initial)
B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19187

Amount of Each Receipt this Period
400.00
contribution

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18491

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Miguel Gutierrez		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18834
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Miguel Gutierrez		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19188
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edwardo Guzman		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18492
Mailing Address 2308 Highway 83 suite f		Amount of Each Receipt this Period 50.00 contribution
City Penitas	State TX	Zip Code 78573
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 350.00	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18835
 Amount of Each Receipt this Period 50.00
 contribution

B. Dr. Eduardo Guzman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19189
 Amount of Each Receipt this Period 50.00
 contribution

C. Victor Haddad
 Full Name (Last, First, Middle Initial)
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18493
 Amount of Each Receipt this Period 400.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18836

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19190

Amount of Each Receipt this Period
 400.00
 contribution

C. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18494

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2012

Transaction ID : SA11Al.18837

Amount of Each Receipt this Period

75.00

contribution

B. Thomas Hausle
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : SA11Al.19191

Amount of Each Receipt this Period

75.00

contribution

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

Mailing Address 820 Tamarack

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

Transaction ID : SA11Al.18495

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 820 Tamarack

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.18838

Amount of Each Receipt this Period
50.00

contribution

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

Mailing Address 820 Tamarack

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.19192

Amount of Each Receipt this Period
50.00

contribution

Full Name (Last, First, Middle Initial)
C. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.19193

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Monica Hensler
Full Name (Last, First, Middle Initial)
Mailing Address 3414 Princess Street
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19194
Amount of Each Receipt this Period **250.00**
contribution

B. Ambrosio Hernandez
Full Name (Last, First, Middle Initial)
Mailing Address 2000 Dana
City Pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18500
Amount of Each Receipt this Period **250.00**
contribution

C. Ambrosio Hernandez
Full Name (Last, First, Middle Initial)
Mailing Address 2000 Dana
City Pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18841
Amount of Each Receipt this Period **250.00**
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ambrosio Hernandez
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Dana

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.19195

Amount of Each Receipt this Period
 250.00

contribution

B. Maximiliano Hernandez
Full Name (Last, First, Middle Initial)

Mailing Address 301 Byron Nelson Drive #40 Villas Jardin

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11AI.18499

Amount of Each Receipt this Period
 250.00

contribution

C. Maximiliano Hernandez
Full Name (Last, First, Middle Initial)

Mailing Address 301 Byron Nelson Drive #40 Villas Jardin

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11AI.18843

Amount of Each Receipt this Period
 250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19197
 Amount of Each Receipt this Period **250.00**
 contribution

B. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18483
 Amount of Each Receipt this Period **250.00**
 contribution

C. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18844
 Amount of Each Receipt this Period **250.00**
 contribution

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

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

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

FOR LINE NUMBER: PAGE 99 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2250.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19198
 Amount of Each Receipt this Period 250.00
 contribution

B. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1400.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18501
 Amount of Each Receipt this Period 200.00
 contribution

C. Dr. Jacobo Hohenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 East Dove suite L
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1600.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18845
 Amount of Each Receipt this Period 200.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Dynio Honrubia		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18502
Mailing Address 5600 North Cynthia		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 350.00	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dynio Honrubia		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18846
Mailing Address 5600 North Cynthia		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 400.00	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Dynio Honrubia		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19199
Mailing Address 5600 North Cynthia		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 450.00	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 218
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Vincent Honrubia

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18503

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Vincent Honrubia

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18847

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Vincent Honrubia

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19200

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Syed Husain		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18504
Mailing Address 7020 N. 1st		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Syed Husain		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18848
Mailing Address 7020 N. 1st		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dr. Syed Husain		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19201
Mailing Address 7020 N. 1st		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18505

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Jose E. Igoa
Full Name (Last, First, Middle Initial)
Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18686

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Jose E. Igoa
Full Name (Last, First, Middle Initial)
Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18851

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19202

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Marina Jacobson

Mailing Address 1505 Doherty

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19203

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Donna Joule

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19206

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Nelson Kalaf		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2012 Transaction ID : SA11Al.18510
Mailing Address 5401 N. 8th Street		Amount of Each Receipt this Period 250.00 contribution
City mcAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) B. Nelson Kalaf		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2012 Transaction ID : SA11Al.18856
Mailing Address 5401 N. 8th Street		Amount of Each Receipt this Period 250.00 contribution
City mcAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Nelson Kalaf		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2012 Transaction ID : SA11Al.19207
Mailing Address 5401 N. 8th Street		Amount of Each Receipt this Period 250.00 contribution
City mcAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012
Transaction ID : SA11AI.18512

Amount of Each Receipt this Period
250.00
contribution

B. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012
Transaction ID : SA11AI.18857

Amount of Each Receipt this Period
250.00
contribution

C. Gauri Kanhere
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012
Transaction ID : SA11AI.19208

Amount of Each Receipt this Period
250.00
contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Adolfo Kaplan		Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 7902 N. 2th Street		Transaction ID : SA11Al.18511
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Adolfo Kaplan		Date of Receipt MM / DD / YYYY 08 / 24 / 2012
Mailing Address 7902 N. 2th Street		Transaction ID : SA11Al.18858
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Adolfo Kaplan		Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address 7902 N. 2th Street		Transaction ID : SA11Al.19209
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18517

Amount of Each Receipt this Period
 250.00
 contribution

B. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18861

Amount of Each Receipt this Period
 250.00
 contribution

C. Gholam Kiani
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19213

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mary Elizabeth Klenz		Date of Receipt
Mailing Address 5111 N. 10th Street		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18519
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1550.00"/>	

Full Name (Last, First, Middle Initial) B. Mary Elizabeth Klenz		Date of Receipt
Mailing Address 5111 N. 10th Street		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18863
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1700.00"/>	

Full Name (Last, First, Middle Initial) C. Mary Elizabeth Klenz		Date of Receipt
Mailing Address 5111 N. 10th Street		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19215
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1850.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jorge Kutugata		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18520
Mailing Address Rt 2 Box 522-K		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1750.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jorge Kutugata		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18864
Mailing Address Rt 2 Box 522-K		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jorge Kutugata		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19217
Mailing Address Rt 2 Box 522-K		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 111 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hossein Lahiji
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana #20
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18696
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Hossein Lahiji
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana #20
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18865
 Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Hossein Lahiji
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana #20
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19218
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Raul Ledesma
Full Name (Last, First, Middle Initial)
Mailing Address 5508 N. 1st Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18867

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Raul Ledesma
Full Name (Last, First, Middle Initial)
Mailing Address 5508 N. 1st Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19220

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Rick Lin
Full Name (Last, First, Middle Initial)
Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19222

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Enrique Linan
Full Name (Last, First, Middle Initial)
Mailing Address 3003 Santo Olivia
City Mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19223
Amount of Each Receipt this Period **25.00**
contribution

B. Dale Linebarger
Full Name (Last, First, Middle Initial)
Mailing Address 901 West 9th Street #405
City austin State TX Zip Code 78703
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18526
Amount of Each Receipt this Period **400.00**
contribution

C. Dale Linebarger
Full Name (Last, First, Middle Initial)
Mailing Address 901 West 9th Street #405
City austin State TX Zip Code 78703
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18871
Amount of Each Receipt this Period **400.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **825.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dale Linebarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19224
 Amount of Each Receipt this Period 400.00
 contribution

B. Dr. Linette Linsangan
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18872
 Amount of Each Receipt this Period 100.00
 contribution

C. Dr. Linette Linsangan
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19225
 Amount of Each Receipt this Period 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶ 600.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ms Lisa Longoria		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18529
Mailing Address 716 South Excalibur Street		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 307.45	
Name of Employer self-employee	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Lisa Longoria		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18874
Mailing Address 716 South Excalibur Street		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 357.45	
Name of Employer self-employee	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms Lisa Longoria		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19227
Mailing Address 716 South Excalibur Street		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 407.45	
Name of Employer self-employee	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alfredo Lopez		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18531
Mailing Address 7609 N. 24th Circle		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 450.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alfredo Lopez		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18876
Mailing Address 7609 N. 24th Circle		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 550.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alfredo Lopez		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19229
Mailing Address 7609 N. 24th Circle		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 650.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sergio Lozano
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Spicewood Drive

City Weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19231

Amount of Each Receipt this Period 250.00 contribution

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

Mailing Address 3801 Sundown Court East

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18535

Amount of Each Receipt this Period 250.00 contribution

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

Mailing Address 3801 Sundown Court East

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18880

Amount of Each Receipt this Period 250.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Salil Mangi		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19233
Mailing Address 3801 Sundown Court East		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Roberto M. Mangoo-Karim		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18697
Mailing Address 3817 Sundown Ct		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Roberto M. Mangoo-Karim		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18881
Mailing Address 3817 Sundown Ct		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Roberto M. Mangoo-Karim
 Full Name (Last, First, Middle Initial)
 Mailing Address 3817 Sundown Ct
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19234
 Amount of Each Receipt this Period 250.00
 contribution

B. Carlos Manrique
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18536
 Amount of Each Receipt this Period 400.00
 contribution

C. Carlos Manrique
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18882
 Amount of Each Receipt this Period 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19235

Amount of Each Receipt this Period
 400.00
 contribution

B. Agustin Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18537

Amount of Each Receipt this Period
 400.00
 contribution

C. Agustin Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18883

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 121 OF 218
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19236

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ricardo Martinez

Mailing Address 1903 W. Smith

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18538

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 1903 W. Smith

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18884

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2250.00"/>	
		Transaction ID : SA11AI.19237
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		contribution

Full Name (Last, First, Middle Initial) B. Dr. Robert Martinez		Date of Receipt
Mailing Address 2809 Santa Lydia		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	
		Transaction ID : SA11AI.18539
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		contribution

Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez		Date of Receipt
Mailing Address 2809 Santa Lydia		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	
		Transaction ID : SA11AI.18885
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Robert Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 2809 Santa Lydia
City Mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19238
Amount of Each Receipt this Period **100.00**
contribution

B. Santos Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 125 East Yucca
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1659.52**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18540
Amount of Each Receipt this Period **250.00**
contribution

C. Santos Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 125 East Yucca
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1909.52**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18886
Amount of Each Receipt this Period **250.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Santos Martinez		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19239
Mailing Address 125 East Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallen State TX Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2159.52

Full Name (Last, First, Middle Initial) B. Dr. Nelson Mata		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18888
Mailing Address 1705 Palazzo		Amount of Each Receipt this Period 100.00 contribution
City Mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Dr. Nelson Mata		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19241
Mailing Address 1705 Palazzo		Amount of Each Receipt this Period 100.00 contribution
City Mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Kimberely McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7716 N. 27th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19243
 Amount of Each Receipt this Period **25.00**
 contribution

B. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2800.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18545
 Amount of Each Receipt this Period **400.00**
 contribution

C. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18892
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **825.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bertha Medina
Full Name (Last, First, Middle Initial)
Mailing Address 1300 1 1/2 Street

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19245

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18547

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18894

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Carlos Mego
Full Name (Last, First, Middle Initial)
Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19247

Amount of Each Receipt this Period

400.00

contribution

B. Manuel Mercado
Full Name (Last, First, Middle Initial)
Mailing Address 3002 Santa Susana

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1743.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18551

Amount of Each Receipt this Period

250.00

contribution

c. Manuel Mercado
Full Name (Last, First, Middle Initial)
Mailing Address 3002 Santa Susana

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1993.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18898

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Manuel Mercado		Date of Receipt
Mailing Address 3002 Santa Susana		MM / DD / YYYY 09 / 27 / 2012
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.19252
Name of Employer selfemployed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
		contribution

Full Name (Last, First, Middle Initial) B. Scott Meyer		Date of Receipt
Mailing Address 2100 School Lane		MM / DD / YYYY 07 / 17 / 2012
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.18552
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 25.00
		contribution

Full Name (Last, First, Middle Initial) C. Scott Meyer		Date of Receipt
Mailing Address 2100 School Lane		MM / DD / YYYY 08 / 24 / 2012
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.18899
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 25.00
		contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Scott Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.19253

Amount of Each Receipt this Period
25.00
 contribution

B. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)

Mailing Address 4914 Edinburg Road

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SA11AI.18553

Amount of Each Receipt this Period
25.00
 contribution

C. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)

Mailing Address 4914 Edinburg Road

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.18900

Amount of Each Receipt this Period
25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)
Mailing Address 4914 Edinburg Road
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **302.98**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19254
Amount of Each Receipt this Period **25.00**
contribution

B. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18554
Amount of Each Receipt this Period **100.00**
contribution

C. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18901
Amount of Each Receipt this Period **100.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **225.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Emil Milano
Full Name (Last, First, Middle Initial)

Mailing Address 225 E. Cornell

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19255

Amount of Each Receipt this Period
 100.00
 contribution

B. Carlos N Mohamed Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Michael Angelo

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18555

Amount of Each Receipt this Period
 100.00
 contribution

C. Carlos N Mohamed Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Michael Angelo

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18902

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos N Mohamed Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19256
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Ruben Mohme
 Full Name (Last, First, Middle Initial)
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18904
 Amount of Each Receipt this Period **100.00**
 contribution

C. Dr. Ruben Mohme
 Full Name (Last, First, Middle Initial)
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19259
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18557

Amount of Each Receipt this Period

400.00

contribution

B. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18905

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Armando Moncada
Full Name (Last, First, Middle Initial)
Mailing Address 1421 North 2nd Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19260

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Morales
Full Name (Last, First, Middle Initial)
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Date of Receipt
MM / DD / YYYY
07 / 17 / 2012
Transaction ID : SA11AI.18558

Amount of Each Receipt this Period
400.00
contribution

B. Carlos Morales
Full Name (Last, First, Middle Initial)
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

Date of Receipt
MM / DD / YYYY
08 / 24 / 2012
Transaction ID : SA11AI.18906

Amount of Each Receipt this Period
400.00
contribution

C. Carlos Morales
Full Name (Last, First, Middle Initial)
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Date of Receipt
MM / DD / YYYY
09 / 27 / 2012
Transaction ID : SA11AI.19261

Amount of Each Receipt this Period
400.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18560
 Amount of Each Receipt this Period
 250.00
 contribution

B. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18908
 Amount of Each Receipt this Period
 250.00
 contribution

C. Leonel Moreno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19263
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Jesse Naranjo
Full Name (Last, First, Middle Initial)

Mailing Address 3301 N. Cynthia Lane

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 24 / 2012**

Transaction ID : SA11Al.18911

Amount of Each Receipt this Period **100.00**

contribution

B. Dr. Jesse Naranjo
Full Name (Last, First, Middle Initial)

Mailing Address 3301 N. Cynthia Lane

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 27 / 2012**

Transaction ID : SA11Al.19265

Amount of Each Receipt this Period **100.00**

contribution

C. Lauren Naylor
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Melinda Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 17 / 2012**

Transaction ID : SA11Al.18564

Amount of Each Receipt this Period **50.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lauren Naylor
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Melinda Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18912

Amount of Each Receipt this Period

50.00

contribution

B. Lauren Naylor
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Melinda Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19266

Amount of Each Receipt this Period

50.00

contribution

c. Dr. William O'Callaghan
Full Name (Last, First, Middle Initial)

Mailing Address 111 NE Augusta Square

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18913

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. William O'Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 NE Augusta Square
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19268
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Alfonso Ochoa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18914
 Amount of Each Receipt this Period **100.00**
 contribution

C. Dr. Alfonso Ochoa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19269
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Victor Ogunlana
Full Name (Last, First, Middle Initial)
Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2012
Transaction ID : SA11AI.18567

Amount of Each Receipt this Period
50.00
contribution

B. Dr. Victor Ogunlana
Full Name (Last, First, Middle Initial)
Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2012
Transaction ID : SA11AI.18915

Amount of Each Receipt this Period
50.00
contribution

C. Dr. Victor Ogunlana
Full Name (Last, First, Middle Initial)
Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2012
Transaction ID : SA11AI.19270

Amount of Each Receipt this Period
50.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)
Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18568

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)
Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18916

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Noel Oliveira
Full Name (Last, First, Middle Initial)
Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19271

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Athanaji Orfanos
Full Name (Last, First, Middle Initial)

Mailing Address 3013 Lakeshore Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 17 / 2012**

Transaction ID : SA11AI.18569

Amount of Each Receipt this Period **100.00**

contribution

B. Dr. Athanaji Orfanos
Full Name (Last, First, Middle Initial)

Mailing Address 3013 Lakeshore Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 24 / 2012**

Transaction ID : SA11AI.18917

Amount of Each Receipt this Period **100.00**

contribution

C. Dr. Athanaji Orfanos
Full Name (Last, First, Middle Initial)

Mailing Address 3013 Lakeshore Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 27 / 2012**

Transaction ID : SA11AI.19272

Amount of Each Receipt this Period **100.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18571

Amount of Each Receipt this Period

20.00

contribution

B. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18919

Amount of Each Receipt this Period

20.00

contribution

C. Mr. Jose Ortega
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19274

Amount of Each Receipt this Period

20.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11Al.18573

Amount of Each Receipt this Period
 250.00
 contribution

B. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18921

Amount of Each Receipt this Period
 250.00
 contribution

C. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19276

Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carmen Osorio-Castillo
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Sebastian Drive

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2012
Transaction ID : SA11AI.18574

Amount of Each Receipt this Period 50.00 contribution

B. Carmen Osorio-Castillo
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Sebastian Drive

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18922

Amount of Each Receipt this Period 50.00 contribution

C. Carmen Osorio-Castillo
Full Name (Last, First, Middle Initial)

Mailing Address 1601 Sebastian Drive

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19277

Amount of Each Receipt this Period 50.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : SA11AI.18575

Amount of Each Receipt this Period
 250.00

contribution

B. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11AI.18923

Amount of Each Receipt this Period
 250.00

contribution

C. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Transaction ID : SA11AI.19278

Amount of Each Receipt this Period
 250.00

contribution

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

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

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

FOR LINE NUMBER: PAGE 146 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kip Owen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11Al.18576
 Amount of Each Receipt this Period
 100.00
 contribution

B. Kip Owen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18924
 Amount of Each Receipt this Period
 100.00
 contribution

C. Kip Owen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19279
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 147 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Esteban Palacios Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18577
 Amount of Each Receipt this Period
 50.00
 contribution

B. Mr. Esteban Palacios Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18925
 Amount of Each Receipt this Period
 50.00
 contribution

C. Mr. Esteban Palacios Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19280
 Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11Al.18578

Amount of Each Receipt this Period
250.00
contribution

B. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11Al.18926

Amount of Each Receipt this Period
250.00
contribution

C. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11Al.19281

Amount of Each Receipt this Period
250.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Umesh Pathak
Full Name (Last, First, Middle Initial)

Mailing Address 2004 Alexander Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18927

Amount of Each Receipt this Period
 100.00
 contribution

B. Umesh Pathak
Full Name (Last, First, Middle Initial)

Mailing Address 2004 Alexander Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19283

Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Guillermo Pechero
Full Name (Last, First, Middle Initial)

Mailing Address 2312 La Condesa

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18580

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Guillermo Pechero
Full Name (Last, First, Middle Initial)
Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18928

Amount of Each Receipt this Period

250.00

contribution

B. Dr. Guillermo Pechero
Full Name (Last, First, Middle Initial)
Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19284

Amount of Each Receipt this Period

250.00

contribution

C. Eduardo Peguero
Full Name (Last, First, Middle Initial)
Mailing Address P.O.Box 5959

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18581

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Eduardo Peguero		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18929
Mailing Address P.O.Box 5959		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Eduardo Peguero		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19285
Mailing Address P.O.Box 5959		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. Dr. Alberto Pena		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18582
Mailing Address 3716 Tigris		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation doctor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.90	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18930

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation doctor
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
414.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19286

Amount of Each Receipt this Period

50.00

contribution

C. Jose Pena
Full Name (Last, First, Middle Initial)
Mailing Address 100 Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18583

Amount of Each Receipt this Period

400.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jose Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : SA11AI.18931
 Amount of Each Receipt this Period
 400.00
 contribution

B. Jose Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 09 / 27 / 2012
Transaction ID : SA11AI.19287
 Amount of Each Receipt this Period
 400.00
 contribution

C. Juan Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 07 / 17 / 2012
Transaction ID : SA11AI.18584
 Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Pena
Full Name (Last, First, Middle Initial)
Mailing Address 905 S. Huisache Court
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18932
Amount of Each Receipt this Period **400.00**
contribution

B. Juan Pena
Full Name (Last, First, Middle Initial)
Mailing Address 905 S. Huisache Court
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3600.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19288
Amount of Each Receipt this Period **400.00**
contribution

C. Dr. Raul Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3500 San Clemente
City Mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18585
Amount of Each Receipt this Period **125.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **925.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 155 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Raul Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18933
 Amount of Each Receipt this Period
 125.00
 contribution

B. Dr. Raul Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19289
 Amount of Each Receipt this Period
 325.00
 contribution

C. Dr. Nicholas Pereira
 Full Name (Last, First, Middle Initial)
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18586
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 156 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19290

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

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

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1196.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18588

Amount of Each Receipt this Period
 200.00
 contribution

Full Name (Last, First, Middle Initial)
C. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1235.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18591

Amount of Each Receipt this Period
 180.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 405.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Claudia Pierson

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1415.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18938

Amount of Each Receipt this Period
 180.00
 contribution

Full Name (Last, First, Middle Initial)
B. Claudia Pierson

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1595.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19293

Amount of Each Receipt this Period
 180.00
 contribution

Full Name (Last, First, Middle Initial)
C. Mr. Francisco Pina

Mailing Address 129 E. Jones

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19294

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Jessica Porras
 Full Name (Last, First, Middle Initial)
 Mailing Address 5128 North 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19295
 Amount of Each Receipt this Period **250.00**
 contribution

B. Sergio Preciado
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1553.88**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18595
 Amount of Each Receipt this Period **250.00**
 contribution

C. Sergio Preciado
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1803.88**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18941
 Amount of Each Receipt this Period **250.00**
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sergio Preciado
Full Name (Last, First, Middle Initial)

Mailing Address 521 E. Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2053.88

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19296

Amount of Each Receipt this Period
250.00
contribution

B. Dr. Ernesto Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 720298

City McAllen State TX Zip Code 78502

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18943

Amount of Each Receipt this Period
100.00
contribution

C. Dr. Ernesto Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 720298

City McAllen State TX Zip Code 78502

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19299

Amount of Each Receipt this Period
100.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18598

Amount of Each Receipt this Period
 250.00
 contribution

B. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18945

Amount of Each Receipt this Period
 250.00
 contribution

C. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19301

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 218
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gustavo Ramos		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18599
Mailing Address 1301 S. Perking		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2800.00	
Name of Employer selfemployed	Occupation physicain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gustavo Ramos		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18946
Mailing Address 1301 S. Perking		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3200.00	
Name of Employer selfemployed	Occupation physicain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gustavo Ramos		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19302
Mailing Address 1301 S. Perking		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3600.00	
Name of Employer selfemployed	Occupation physicain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18601

Amount of Each Receipt this Period

25.00

contribution

B. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18949

Amount of Each Receipt this Period

25.00

contribution

C. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19305

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Soraya Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 2010 S. Cynthia Ste 110

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19307

Amount of Each Receipt this Period

25.00

contribution

B. R.V. Reddy
Full Name (Last, First, Middle Initial)
Mailing Address 1500 Southland Drive

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18603

Amount of Each Receipt this Period

125.00

contribution

C. R.V. Reddy
Full Name (Last, First, Middle Initial)
Mailing Address 1500 Southland Drive

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18951

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19308

Amount of Each Receipt this Period
125.00
contribution

B. Dr. Manuel Reinoso
Full Name (Last, First, Middle Initial)

Mailing Address 1400 E Ridge suite 7

City McAllen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19309

Amount of Each Receipt this Period
25.00
contribution

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

Mailing Address 1117 S. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18605

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 165 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18953

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19310

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18607

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Homero Rivas
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1980.92	

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18955

Amount of Each Receipt this Period
250.00
contribution

B. Homero Rivas
Full Name (Last, First, Middle Initial)
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2230.92	

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19312

Amount of Each Receipt this Period
250.00
contribution

C. Benjamin Robalino
Full Name (Last, First, Middle Initial)
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18608

Amount of Each Receipt this Period
250.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Benjamin Robalino		Date of Receipt 08 / 24 / 2012 Transaction ID : SA11AI.18956
Mailing Address 1217 S. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Benjamin Robalino		Date of Receipt 09 / 27 / 2012 Transaction ID : SA11AI.19313
Mailing Address 1217 S. Cynthia		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Mr. Martin Rocha		Date of Receipt 07 / 17 / 2012 Transaction ID : SA11AI.18609
Mailing Address P.O. Box 662		Amount of Each Receipt this Period 50.00 contribution
City Santa Rosa	State TX	Zip Code 78593
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.85	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
359.85

Date of Receipt
MM / DD / YYYY
08 / 24 / 2012

Transaction ID : SA11AI.18957

Amount of Each Receipt this Period
50.00

contribution

Full Name (Last, First, Middle Initial)
B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.85

Date of Receipt
MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SA11AI.19314

Amount of Each Receipt this Period
50.00

contribution

Full Name (Last, First, Middle Initial)
C. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
self-employed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2012

Transaction ID : SA11AI.18613

Amount of Each Receipt this Period
75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **175.00**

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

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

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

FOR LINE NUMBER: PAGE 169 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Paulette Saca

Mailing Address 109 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.18962

Amount of Each Receipt this Period
75.00
 contribution

Full Name (Last, First, Middle Initial)
B. Paulette Saca

Mailing Address 109 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.19319

Amount of Each Receipt this Period
75.00
 contribution

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SA11AI.18614

Amount of Each Receipt this Period
400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18963

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19320

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 2400 S.E. Augusta Square

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18615

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).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. JJ Saenz
Full Name (Last, First, Middle Initial)
Mailing Address 2400 S.E. Augusta Square

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18964

Amount of Each Receipt this Period

250.00

contribution

B. JJ Saenz
Full Name (Last, First, Middle Initial)
Mailing Address 2400 S.E. Augusta Square

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19321

Amount of Each Receipt this Period

250.00

contribution

C. Larry Safir
Full Name (Last, First, Middle Initial)
Mailing Address 3300 S. 2nd suite 10

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18616

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.18965

Amount of Each Receipt this Period
400.00
contribution

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

Mailing Address 3300 S. 2nd
suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19322

Amount of Each Receipt this Period
400.00
contribution

C. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18617

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18966

Amount of Each Receipt this Period
 250.00
 contribution

B. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19323

Amount of Each Receipt this Period
 250.00
 contribution

C. Dr. Mariano Salinas
Full Name (Last, First, Middle Initial)

Mailing Address 2203 Red River

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18968

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Mariano Salinas
Full Name (Last, First, Middle Initial)

Mailing Address 2203 Red River

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19325

Amount of Each Receipt this Period
 100.00
 contribution

B. Elisa Garza Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3509 N. Glasscock

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18620

Amount of Each Receipt this Period
 125.00
 contribution

C. Elisa Garza Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3509 N. Glasscock

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18969

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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

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

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

FOR LINE NUMBER: PAGE 175 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Elisa Garza Sanchez

Mailing Address 3509
N. Glasscock

City Mission State TX Zip Code 78574

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

Name of Employer
Self employed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19326

Amount of Each Receipt this Period
 125.00
 contribution

Full Name (Last, First, Middle Initial)
B. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City mission State TX Zip Code 78572

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

Name of Employer
selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18970

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City mission State TX Zip Code 78572

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

Name of Employer
selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19327

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mr. Victor Sanchez		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18622
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 1750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Victor Sanchez		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.18971
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Victor Sanchez		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19328
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 2250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 177 OF 218
(check only one)

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

A. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11Al.18624

Amount of Each Receipt this Period

30.00

contribution

B. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11Al.18973

Amount of Each Receipt this Period

30.00

contribution

C. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11Al.19330

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Michael Seiba

Mailing Address P. O. Box 4556

City mcallen State TX Zip Code 78502

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11Al.18625

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Michael Seiba

Mailing Address P. O. Box 4556

City mcallen State TX Zip Code 78502

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18974

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Michael Seiba

Mailing Address P. O. Box 4556

City mcallen State TX Zip Code 78502

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19331

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

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

FOR LINE NUMBER: PAGE 179 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Samuel Serna
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18626
 Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Samuel Serna
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18975
 Amount of Each Receipt this Period
 100.00
 contribution

C. Dr. Samuel Serna
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19332
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18627

Amount of Each Receipt this Period

400.00

contribution

B. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18976

Amount of Each Receipt this Period

400.00

contribution

C. Tawhid Shuaib
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Burns Drive

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19333

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18629

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)
B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18978

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)
C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19335

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 182 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hilda Solis
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 3302
 City State Zip Code
 McAllen TX 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self employed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19336
 Amount of Each Receipt this Period
 25.00
 contribution

B. Joel Solis
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 E. Avocet
 City State Zip Code
 Mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18631
 Amount of Each Receipt this Period
 150.00
 contribution

C. Joel Solis
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 E. Avocet
 City State Zip Code
 Mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 983.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18980
 Amount of Each Receipt this Period
 150.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Joel Solis
Full Name (Last, First, Middle Initial)

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1133.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19337

Amount of Each Receipt this Period
 150.00
 contribution

B. Dr. Hector Soto
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18632

Amount of Each Receipt this Period
 400.00
 contribution

C. Dr. Hector Soto
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.18981

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

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

FOR LINE NUMBER: PAGE 184 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hector Soto
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19338
 Amount of Each Receipt this Period 400.00
 contribution

B. Mr. Raul Sustaita
 Full Name (Last, First, Middle Initial)
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.19340
 Amount of Each Receipt this Period 25.00
 contribution

c. Dr. Jyothi Swarup
 Full Name (Last, First, Middle Initial)
 Mailing Address 8109 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.18984
 Amount of Each Receipt this Period 100.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Jyothi Swarup
Full Name (Last, First, Middle Initial)

Mailing Address 8109 N. 1st Street

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11Al.19341

Amount of Each Receipt this Period
 100.00
 contribution

B. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11Al.18638

Amount of Each Receipt this Period
 250.00
 contribution

C. Alejandro Tey
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11Al.18987

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alejandro Tey
Full Name (Last, First, Middle Initial)
Mailing Address 3012 Laurie Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : SA11AI.19344
Amount of Each Receipt this Period **250.00**
contribution

B. Jose Trejo
Full Name (Last, First, Middle Initial)
Mailing Address 112 S. Broadway
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : SA11AI.18641
Amount of Each Receipt this Period **250.00**
contribution

C. Jose Trejo
Full Name (Last, First, Middle Initial)
Mailing Address 112 S. Broadway
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : SA11AI.18990
Amount of Each Receipt this Period **250.00**
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Trejo		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11Al.19348
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Dr. Krishna Turlapati		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11Al.18643
Mailing Address 9123 1st Street		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Krishna Turlapati		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11Al.18992
Mailing Address 9123 1st Street		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Krishna Turlapati
Full Name (Last, First, Middle Initial)
Mailing Address 9123 1st Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19350

Amount of Each Receipt this Period

100.00

contribution

B. Susan Turley
Full Name (Last, First, Middle Initial)
Mailing Address 312 Thunderbird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1711.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18644

Amount of Each Receipt this Period

250.00

contribution

C. Susan Turley
Full Name (Last, First, Middle Initial)
Mailing Address 312 Thunderbird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1961.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.18993

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 189 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19351
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2211.95"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marcel Twahirwa		Date of Receipt
Mailing Address 2403 El Encino Drive		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18645
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marcel Twahirwa		Date of Receipt
Mailing Address 2403 El Encino Drive		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18994
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 218
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Marcel Twahirwa		Date of Receipt
Mailing Address 2403 El Encino Drive		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19352
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2250.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18647
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.18996
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Theresa Valladares
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Red River Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 27 / 2012**
Transaction ID : **SA11AI.19354**

Amount of Each Receipt this Period **100.00**
contribution

B. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City rio grande city State TX Zip Code 78582

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **07 / 17 / 2012**
Transaction ID : **SA11AI.18513**

Amount of Each Receipt this Period **250.00**
contribution

C. Jose Vasquez
Full Name (Last, First, Middle Initial)

Mailing Address 2548 Palm Circle

City rio grande city State TX Zip Code 78582

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : **SA11AI.18997**

Amount of Each Receipt this Period **250.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Vasquez		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19355
Mailing Address 2548 Palm Circle		Amount of Each Receipt this Period 250.00 contribution
City rio grande city	State TX	Zip Code 78582
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Efraim Vela		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18650
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1654.87	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Efraim Vela		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.19017
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1904.87	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2154.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19358

Amount of Each Receipt this Period

250.00

contribution

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

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : SA11AI.18653

Amount of Each Receipt this Period

400.00

contribution

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

Mailing Address 301 E. Newport

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.19002

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ramiro Verdoreen			Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19361
Mailing Address 301 E. Newport			Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00		

Full Name (Last, First, Middle Initial) B. Carlos Villalta			Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18654
Mailing Address P. O. Box 1632			Amount of Each Receipt this Period 125.00 contribution
City mission	State TX	Zip Code 78573	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name (Last, First, Middle Initial) C. Carlos Villalta			Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.19003
Mailing Address P. O. Box 1632			Amount of Each Receipt this Period 125.00 contribution
City mission	State TX	Zip Code 78573	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 195 OF 218
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19362

Amount of Each Receipt this Period
 125.00
 contribution

B. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
723.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18655

Amount of Each Receipt this Period
 103.60
 contribution

C. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
827.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.19004

Amount of Each Receipt this Period
 103.60
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 332.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.11

Date of Receipt
09 / 27 / 2012
Transaction ID : SA11AI.19363

Amount of Each Receipt this Period
109.61
contribution

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

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
617.55

Date of Receipt
07 / 17 / 2012
Transaction ID : SA11AI.18656

Amount of Each Receipt this Period
90.00
contribution

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

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
707.55

Date of Receipt
08 / 24 / 2012
Transaction ID : SA11AI.19005

Amount of Each Receipt this Period
90.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 289.61

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

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

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

FOR LINE NUMBER: PAGE 197 OF 218
(check only one)

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

Full Name (Last, First, Middle Initial) A. Victor Villarreal		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19364
Mailing Address 901 W. Moore		Amount of Each Receipt this Period 90.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 797.55	

Full Name (Last, First, Middle Initial) B. Roger Vitko		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18657
Mailing Address 1017 south 1st		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Roger Vitko		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.19006
Mailing Address 1017 south 1st		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Roger Vitko

Mailing Address 1017 south 1st

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19365

Amount of Each Receipt this Period
 150.00
 contribution

Full Name (Last, First, Middle Initial)
B. Raymond Walker

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18658

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
C. Raymond Walker

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.19007

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Raymond Walker		Date of Receipt MM / DD / YYYY 09 / 27 / 2012 Transaction ID : SA11AI.19366
Mailing Address 1117 Shallow apt 4		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. James Webb		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 Transaction ID : SA11AI.18659
Mailing Address 312 Redbud		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.36	

Full Name (Last, First, Middle Initial) C. James Webb		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 Transaction ID : SA11AI.19008
Mailing Address 312 Redbud		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.36	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. James Webb
Full Name (Last, First, Middle Initial)

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **905.36**

Date of Receipt **09 / 27 / 2012**

Transaction ID : SA11AI.19367

Amount of Each Receipt this Period **100.00**

contribution

B. Patrick Wilcox
Full Name (Last, First, Middle Initial)

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 17 / 2012**

Transaction ID : SA11AI.18660

Amount of Each Receipt this Period **100.00**

contribution

C. Patrick Wilcox
Full Name (Last, First, Middle Initial)

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 24 / 2012**

Transaction ID : SA11AI.19009

Amount of Each Receipt this Period **100.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Patrick Wilcox
Full Name (Last, First, Middle Initial)

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.19368

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : SA11AI.18662

Amount of Each Receipt this Period
400.00

contribution

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

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : SA11AI.19012

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Subbarao Yarra		Date of Receipt MM / DD / YYYY 09 / 27 / 2012
Mailing Address 6905 N. Cynthia		Transaction ID : SA11AI.19371
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. Dr. Christopher Zaleski		Date of Receipt MM / DD / YYYY 07 / 17 / 2012
Mailing Address 6804 N. 1st		Transaction ID : SA11AI.18663
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) c. Dr. Christopher Zaleski		Date of Receipt MM / DD / YYYY 08 / 24 / 2012
Mailing Address 6804 N. 1st		Transaction ID : SA11AI.19013
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 6804 N. 1st

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19372

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18664

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : SA11AI.19014

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 204 OF 218
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19373

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Livania Zavala-Spinetti

Mailing Address 109 E Cornell

City State Zip Code
McAllen TX 78502

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

Name of Employer Occupation
selfemployed self-employee physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.19374

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2012
Transaction ID : SA11AI.18666

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 218
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fuad Zayed
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.19016

Amount of Each Receipt this Period

75.00

contribution

B. Dr. Fuad Zayed
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : SA11AI.19375

Amount of Each Receipt this Period

75.00

contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	115381.81

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : SB21B.19024

Amount of Each Disbursement this Period

5006.93

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2012

Transaction ID : SB21B.19029

Amount of Each Disbursement this Period

5006.94

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2012

Transaction ID : SB21B.19034

Amount of Each Disbursement this Period

5090.61

SUBTOTAL of Disbursements This Page (optional)..... ▶

15104.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB21B.19040

Amount of Each Disbursement this Period

5320.81

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB21B.19047

Amount of Each Disbursement this Period

2710.71

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2012

Transaction ID : SB21B.19037

Amount of Each Disbursement this Period

605.18

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8636.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19041

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19045

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
phone/IT services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19048

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19050

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19026

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19030

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : SB21B.19033

Amount of Each Disbursement this Period

6658.25

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : SB21B.19042

Amount of Each Disbursement this Period

3809.90

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB21B.19049

Amount of Each Disbursement this Period

590.87

SUBTOTAL of Disbursements This Page (optional)..... ▶

11059.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB21B.19051

Amount of Each Disbursement this Period

3068.99

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : SB21B.19027

Amount of Each Disbursement this Period

1647.13

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : SB21B.19031

Amount of Each Disbursement this Period

1135.46

SUBTOTAL of Disbursements This Page (optional)..... ▶

5851.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19043

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19052

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19028

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2012

Transaction ID : SB21B.19044

Amount of Each Disbursement this Period

32.48

Full Name (Last, First, Middle Initial)

B. Sprint

Mailing Address P.O. Box 8077

City London State KY Zip Code 40742

Purpose of Disbursement
phone service expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB21B.19039

Amount of Each Disbursement this Period

262.44

Full Name (Last, First, Middle Initial)

C. Texas Workforce Commission

Mailing Address P.O. Box 149037

City Austin State TX Zip Code 78714

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB21B.19046

Amount of Each Disbursement this Period

232.63

SUBTOTAL of Disbursements This Page (optional)..... ▶

527.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19025

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19038

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOSH MANDEL

Mailing Address 2112 ACACIA PARK DRIVE SUITE 504

City LYNDHURST State OH Zip Code 44124

Purpose of Disbursement contribution

011

Candidate Name

JOSH MANDEL

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : **SB23.19057**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TEXAS CONSERVATIVES FUND

Mailing Address 815-A BRAZOS STREET #575

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement contribution

011

Candidate Name

TEXAS CONSERVATIVES FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : **SB23.19023**

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C. FILEMON MR. VELA

Mailing Address 333 EBONY AVENUE

City BROWNSVILLE State TX Zip Code 78520

Purpose of Disbursement contribution

011

Candidate Name

FILEMON MR. VELA

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 34

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : **SB23.19058**

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

60000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. FILEMON MR. VELA

Mailing Address 333 EBONY AVENUE

City BROWNSVILLE State TX Zip Code 78520

Purpose of Disbursement
contribution

011

Candidate Name

FILEMON MR. VELA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SB23.19059

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

65000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 217 OF 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1800.00
2) TOTALS This Period (last page this line number only)..... ▶	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.