

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 07 13 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		388383.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	469505.05									
(c) Total Receipts (from Line 19)	79870.23	160992.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	549375.28	549375.28								
7. Total Disbursements (from Line 31)	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	549375.28	549375.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	79550.04	156988.51
(i) Itemized (use Schedule A)	320.19	4003.77
(ii) Unitemized	79870.23	160992.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	79870.23	160992.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	79870.23	160992.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	79870.23	160992.28

DETAILED SUMMARY PAGE

of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	79870.23	160992.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79870.23	160992.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 123
	<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) Charity Abreu		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 1619 heritage lane		Transaction ID: SA11A1.6309	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 1619 heritage lane		Transaction ID: SA11A1.6434	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1619 heritage lane		Transaction ID: SA11A1.6559	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employee	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 123
	<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. Ruben Abreu		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 104 augusta square		Transaction ID: SA11A1.6310
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ruben Abreu		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 104 augusta square		Transaction ID: SA11A1.6435
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ruben Abreu		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 104 augusta square		Transaction ID: SA11A1.6560
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employee Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 123
	<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 Alleyn		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007	
Mailing Address 5505 N. 4th		Transaction ID: SA11A1.6311	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael Alleyn		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007	
Mailing Address 5505 N. 4th		Transaction ID: SA11A1.6436	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Alleyn		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 5505 N. 4th		Transaction ID: SA11A1.6561	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 123
	<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 Amyx		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2108 Mynah		Transaction ID: SA11A1.6313
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Amyx		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2108 Mynah		Transaction ID: SA11A1.6438
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Amyx		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2108 Mynah		Transaction ID: SA11A1.6562
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 123
	<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. Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007	
Mailing Address 7004 N. Cynthia		Transaction ID: SA11A1.6316	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007	
Mailing Address 7004 N. Cynthia		Transaction ID: SA11A1.6439	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

C. Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 7004 N. Cynthia		Transaction ID: SA11A1.6565	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 123
	<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. Murphy Badiga		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 1503 S. Airport suite 6		Transaction ID: SA11A1.6317
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Murphy Badiga		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 1503 S. Airport suite 6		Transaction ID: SA11A1.6440
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Murphy Badiga		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1503 S. Airport suite 6		Transaction ID: SA11A1.6564
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Cayetano Barrera		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11A1.6318	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Cayetano Barrera		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11A1.6441	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Cayetano Barrera		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11A1.6566	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 123
	<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. Ricardo Barrera		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 420 Frio		Transaction ID: SA11A1.6319	
City State Zip Code mission TX 78572		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ricardo Barrera		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 420 Frio		Transaction ID: SA11A1.6442	
City State Zip Code mission TX 78572		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Ricardo Barrera		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 420 Frio		Transaction ID: SA11A1.6567	
City State Zip Code mission TX 78572		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation self-employed physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 123
	<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 Bernini		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 2804 Santa Ana		Transaction ID: SA11A1.6320	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Juan Bernini		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 2804 Santa Ana		Transaction ID: SA11A1.6443	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Juan Bernini		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2804 Santa Ana		Transaction ID: SA11A1.6568	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 123
	<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. Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 7007 N 1st Lane		Transaction ID: SA11A1.6321	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 7007 N 1st Lane		Transaction ID: SA11A1.6444	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 7007 N 1st Lane		Transaction ID: SA11A1.6569	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 123
	<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. Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 2005 Cimarron Court		Transaction ID: SA11A1.6322
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 2005 Cimarron Court		Transaction ID: SA11A1.6445
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 2005 Cimarron Court		Transaction ID: SA11A1.6570
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 123
	<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 Brace		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 2000 N. 8th Street		Transaction ID: SA11A1.6323	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert Brace		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 2000 N. 8th Street		Transaction ID: SA11A1.6447	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Brace		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2000 N. 8th Street		Transaction ID: SA11A1.6572	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 123
	<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. Alonzo Cantu		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address P.O.Box 2673		Transaction ID: SA11A1.6324
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alonzo Cantu		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address P.O.Box 2673		Transaction ID: SA11A1.6448
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alonzo Cantu		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address P.O.Box 2673		Transaction ID: SA11A1.6573
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 123
	<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. Carlos Cardenas		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 1000 N. Taylor Road		Transaction ID: SA11A1.6325
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carlos Cardenas		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 1000 N. Taylor Road		Transaction ID: SA11A1.6449
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carlos Cardenas		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1000 N. Taylor Road		Transaction ID: SA11A1.6574
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 123
	<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. Full Name (Last, First, Middle Initial)
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.6367

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.6489

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6575

Amount of Each Receipt this Period
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Augusto Castrillon		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11A1.6326
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Augusto Castrillon		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11A1.6450
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Augusto Castrillon		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11A1.6576
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 123
	<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 M M / D D / Y Y Y Y Y 04 / 12 / 2007	
Mailing Address 2301 N. Bryan Road		Transaction ID: SA11A1.6327	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Norma Cavazos-Salas		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007	
Mailing Address 2301 N. Bryan Road		Transaction ID: SA11A1.6451	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Norma Cavazos-Salas		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 2301 N. Bryan Road		Transaction ID: SA11A1.6577	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 123
	<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. R. Chandrasekharan		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 1210 East 8th street suite 1		Transaction ID: SA11A1.6328	
City weslaco State TX Zip Code 78591		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. R. Chandrasekharan		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 1210 East 8th street suite 1		Transaction ID: SA11A1.6452	
City weslaco State TX Zip Code 78591		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. R. Chandrasekharan		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1210 East 8th street suite 1		Transaction ID: SA11A1.6578	
City weslaco State TX Zip Code 78591		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 123
	<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. Diana Cortinas		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 1400 Northgate Lane		Transaction ID: SA11A1.6333	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 146.60
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 540.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Diana Cortinas		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 1400 Northgate Lane		Transaction ID: SA11A1.6455	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 154.69
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 695.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Diana Cortinas		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1400 Northgate Lane		Transaction ID: SA11A1.6581	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.26
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 820.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	426.55
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 123
	<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. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1224 Northgate Lane		Transaction ID: SA11A1.6329
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 163.58	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 603.57		

Full Name (Last, First, Middle Initial) B. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1224 Northgate Lane		Transaction ID: SA11A1.6453
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 172.61	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 776.18		

Full Name (Last, First, Middle Initial) C. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1224 Northgate Lane		Transaction ID: SA11A1.6579
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 139.77	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 915.95		

SUBTOTAL of Receipts This Page (optional) ▶	475.96
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 123
	<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. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1400 Northgate		Transaction ID: SA11A1.6330
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 195.67	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 721.97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1400 Northgate		Transaction ID: SA11A1.6454
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 206.47	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 928.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1400 Northgate		Transaction ID: SA11A1.6580
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 167.19	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 1095.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	569.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. David Deanda		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 2408 Dorado		Transaction ID: SA11A1.6335
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Deanda		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 2408 Dorado		Transaction ID: SA11A1.6457
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Deanda		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 2408 Dorado		Transaction ID: SA11A1.6582
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 123
	<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 De La Garza		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address 120 Condor		Transaction ID: SA11A1.6334
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jorge De La Garza		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address 120 Condor		Transaction ID: SA11A1.6456
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Jorge De La Garza		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 120 Condor		Transaction ID: SA11A1.6583
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 ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 123
	<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. Full Name (Last, First, Middle Initial)
Alberto Duran

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11A1.6336

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Alberto Duran

Mailing Address 1615 Palazzo

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 ▼
1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: SA11A1.6458

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Alberto Duran

Mailing Address 1615 Palazzo

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 ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.6584

Amount of Each Receipt this Period
250.00

contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 123
	<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. Kotthegal Eshwar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 108 Yellow Hammer		Transaction ID: SA11A1.6459
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kotthegal Eshwar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 108 Yellow Hammer		Transaction ID: SA11A1.6585
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 300.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Antonio Esparza		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 136 W. Yucca		Transaction ID: SA11A1.6338
City State Zip Code mcallent TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 123
	<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 05 / 11 / 2007
Mailing Address 136 W. Yucca		Transaction ID: SA11A1.6460
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Antonio Esparza		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 136 W. Yucca		Transaction ID: SA11A1.6586
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Antonio Falcon		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address 2768 Pharmacy Road		Transaction ID: SA11A1.6340
City rio grande city	State TX	Zip Code 78582
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 123
	<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 Falcon		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 2768 Pharmacy Road		Transaction ID: SA11A1.6462	
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Antonio Falcon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2768 Pharmacy Road		Transaction ID: SA11A1.6588	
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Maria Elena Falcon		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 2212 Westway		Transaction ID: SA11A1.6339	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 123
	<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. Maria Elena Falcon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 2212 Westway		Transaction ID: SA11A1.6461	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Maria Elena Falcon		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2212 Westway		Transaction ID: SA11A1.6587	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alberto Felici		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 2309 W. Greenbriar Square		Transaction ID: SA11A1.6341	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 163.57
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 603.53	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	663.57
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 123
	<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. Alberto Felici		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2309 W. Greenbriar Square		Transaction ID: SA11A1.6463
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 172.60	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 776.13	

Full Name (Last, First, Middle Initial) B. Alberto Felici		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2309 W. Greenbriar Square		Transaction ID: SA11A1.6589
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 139.76	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.89	

Full Name (Last, First, Middle Initial) C. Marco Flores		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 320 Primrose		Transaction ID: SA11A1.6342
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician	
<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) ▶	562.36
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 123
	<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 Flores		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 320 Primrose		Transaction ID: SA11A1.6464	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Marco Flores		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 320 Primrose		Transaction ID: SA11A1.6590	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Eugenio Galindo		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 5936 N. Cynthia		Transaction ID: SA11A1.6343	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6465 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	1		2	0	0	7														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1250.00</td> </tr> </table>		1250.00																					
1250.00																							

B. Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6591 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1500.00</td> </tr> </table>		1500.00																					
1500.00																							

C. Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6344 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	2		2	0	0	7														
250.00																							
Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 123
	<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. Elvin Garcia		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 2800 Santa Teresa		Transaction ID: SA11A1.6466	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Elvin Garcia		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2800 Santa Teresa		Transaction ID: SA11A1.6592	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Rene Garza		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 5404 N. 1st street		Transaction ID: SA11A1.6346	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 123
	<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. Rene Garza		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 5404 N. 1st street		Transaction ID: SA11A1.6468	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Rene Garza		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 5404 N. 1st street		Transaction ID: SA11A1.6594	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 3900 Sundown Drive		Transaction ID: SA11A1.6347	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 123
	<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. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 3900 Sundown Drive		Transaction ID: SA11A1.6469
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 3900 Sundown Drive		Transaction ID: SA11A1.6595
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Robert Genovese		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2208 Summer Breeze		Transaction ID: SA11A1.6348
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 797.73	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 123
	<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. Full Name (Last, First, Middle Initial)
Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 997.73

Date of Receipt
05 / 11 / 2007

Transaction ID: SA11A1.6470

Amount of Each Receipt this Period
200.00

contribution

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

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1197.73

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6596

Amount of Each Receipt this Period
200.00

contribution

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

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 12 / 2007

Transaction ID: SA11A1.6312

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 123
	<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. Full Name (Last, First, Middle Initial)
Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.6437

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6563

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
alamo TX 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 ▼ 874.03

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.6349

Amount of Each Receipt this Period
236.88

contribution

SUBTOTAL of Receipts This Page (optional)	▶	736.88
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 123
	<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. Ada Gonzalez		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address P.O. Box 9817		Transaction ID: SA11A1.6471	
City alamo	State TX	Zip Code 78516	Amount of Each Receipt this Period 249.95
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1123.98	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ada Gonzalez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address P.O. Box 9817		Transaction ID: SA11A1.6597	
City alamo	State TX	Zip Code 78516	Amount of Each Receipt this Period 202.40
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1326.38	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alfredo Gonzalez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 2305 Monaco Drive		Transaction ID: SA11A1.6350	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 146.60
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 540.90	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	598.95
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 123
	<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. Alfredo Gonzalez		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address 2305 Monaco Drive		Transaction ID: SA11A1.6472
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 154.69
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 ▼ 695.59	

Full Name (Last, First, Middle Initial) B. Alfredo Gonzalez		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 2305 Monaco Drive		Transaction ID: SA11A1.6598
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.26
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 ▼ 820.85	

Full Name (Last, First, Middle Initial) C. Jaime Gonzalez		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address 3511 Plazas del Lago		Transaction ID: SA11A1.6351
City edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	529.95
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 123
	<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. Jaime Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007
Mailing Address 3511 Plazas del Lago		Transaction ID: SA11A1.6473
City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jaime Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007
Mailing Address 3511 Plazas del Lago		Transaction ID: SA11A1.6599
City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Juan Gonzalez-Dickson		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007
Mailing Address 1501 Meadwood		Transaction ID: SA11A1.6352
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Juan Gonzalez-Dickson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 1501 Meadwood		Transaction ID: SA11A1.6474	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Juan Gonzalez-Dickson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1501 Meadwood		Transaction ID: SA11A1.6600	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Verley Gordon		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11A1.6353	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 123
	<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. Verley Gordon		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007	
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11A1.6475	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Verley Gordon		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11A1.6601	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Enrique Griego		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007	
Mailing Address 905 Inspiratin Drive		Transaction ID: SA11A1.6354	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 123
	<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. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.6476

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.6602

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6355

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 123
	<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. Full Name (Last, First, Middle Initial)
John Guerra

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.6477

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.6603

Amount of Each Receipt this Period
100.00

contribution

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

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6356

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6478 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.6604 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street City State Zip Code weslaco TX 78596 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6357 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 123
	<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. Rodolfo Guerrero		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 1402 E. 8th Street		Transaction ID: SA11A1.6479	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Rodolfo Guerrero		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1402 E. 8th Street		Transaction ID: SA11A1.6605	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alberto Gutierrez		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 6020 Wisconsin		Transaction ID: SA11A1.6358	
City edinburg	State TX	Zip Code 78539	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alberto Gutierrez		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address 6020 Wisconsin		Transaction ID: SA11A1.6480
City edburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Alberto Gutierrez		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 6020 Wisconsin		Transaction ID: SA11A1.6606
City edburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Marco Gutierrez		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address 511 N. Depot Road		Transaction ID: SA11A1.6359
City edburg	State TX	Zip Code 78541
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 123
	<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		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 511 N. Depot Road		Transaction ID: SA11A1.6481
City State Zip Code edinburg TX 78541	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marco Gutierrez		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 511 N. Depot Road		Transaction ID: SA11A1.6607
City State Zip Code edinburg TX 78541	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Miguel Gutierrez		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 224 Lindberg		Transaction ID: SA11A1.6360
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 123
	<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 M M / D D / Y Y Y Y Y 05 / 11 / 2007	
Mailing Address 224 Lindberg		Transaction ID: SA11A1.6482	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Miguel Gutierrez		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 224 Lindberg		Transaction ID: SA11A1.6608	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Victor Haddad		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007	
Mailing Address 4008 Burns Drive South		Transaction ID: SA11A1.6361	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 123
	<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. Victor Haddad		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 4008 Burns Drive South		Transaction ID: SA11A1.6483
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Victor Haddad		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 4008 Burns Drive South		Transaction ID: SA11A1.6609
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Helbing		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 820 Tamarack		Transaction ID: SA11A1.6362
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 116.36	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼ 429.33	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	616.36
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 123
	<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		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 820 Tamarack		Transaction ID: SA11A1.6484
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 122.78	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 552.11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Helbing		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 820 Tamarack		Transaction ID: SA11A1.6610
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 99.42	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 651.53	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Maximiliano Hernandez		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID: SA11A1.6363
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	472.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 123
	<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. Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID: SA11A1.6485	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

B. Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID: SA11A1.6611	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

C. Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 802 Inspiration Road		Transaction ID: SA11A1.6364	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 123
	<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. Maria Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 802 Inspiration Road		Transaction ID: SA11A1.6486	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Maria Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 802 Inspiration Road		Transaction ID: SA11A1.6612	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Vincent Honrubia		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 204 Rio Grande		Transaction ID: SA11A1.6365	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 123
	<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		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 204 Rio Grande		Transaction ID: SA11A1.6487	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Vincent Honrubia		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 204 Rio Grande		Transaction ID: SA11A1.6613	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Nelson Kalaf		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 5401 N. 8th Street		Transaction ID: SA11A1.6368	
City State Zip Code mcAllen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 123
	<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. Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street City State Zip Code mcAllen TX 78504 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6490 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	1	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	1	/	2	0	0	7														
250.00																							

B. Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street City State Zip Code mcAllen TX 78504 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6615 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	5	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	5	/	2	0	0	7														
250.00																							

C. Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City State Zip Code rio grande city TX 78582 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6369 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	2	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	1	2	/	2	0	0	7														
250.00																							

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 / 123
<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. Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City State Zip Code rio grande city TX 78582 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007 Transaction ID: SA11A1.6491 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		

B. Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City State Zip Code rio grande city TX 78582 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007 Transaction ID: SA11A1.6616 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

C. Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City State Zip Code mcallen TX 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007 Transaction ID: SA11A1.6370 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation selfemployed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 123
	<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. Gholam Kiani		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 213 e. Xenops		Transaction ID: SA11A1.6492	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Gholam Kiani		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 213 e. Xenops		Transaction ID: SA11A1.6617	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Mary Elizabeth Klenz		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 5111 N. 10th Street		Transaction ID: SA11A1.6371	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 123
	<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. Mary Elizabeth Klenz		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 5111 N. 10th Street		Transaction ID: SA11A1.6493	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Mary Elizabeth Klenz		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 5111 N. 10th Street		Transaction ID: SA11A1.6618	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Alejandro Kudisch		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 323 Nightingale		Transaction ID: SA11A1.6372	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 123
	<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. Alejandro Kudisch		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address 323 Nightingale		Transaction ID: SA11A1.6494
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Alejandro Kudisch		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 323 Nightingale		Transaction ID: SA11A1.6619
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jorge Kutugata		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address Rt 2 Box 522-K		Transaction ID: SA11A1.6373
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 123
	<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. Full Name (Last, First, Middle Initial)
Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.6495

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.6620

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.6375

Amount of Each Receipt this Period
250.00

contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 123
	<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. Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 601 Tulip		Transaction ID: SA11A1.6497
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 601 Tulip		Transaction ID: SA11A1.6622
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 901 West 9th Street #405		Transaction ID: SA11A1.6376
City State Zip Code austin TX 78703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 123
	<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. Dale Linebarger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 901 West 9th Street #405		Transaction ID: SA11A1.6498
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	contribution

Full Name (Last, First, Middle Initial) B. Dale Linebarger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 901 West 9th Street #405		Transaction ID: SA11A1.6623
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1500.00	contribution

Full Name (Last, First, Middle Initial) C. Alfredo Lopez		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 7609 N. 24th Circle		Transaction ID: SA11A1.6377
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 123
	<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. Alfredo Lopez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 7609 N. 24th Circle		Transaction ID: SA11A1.6499
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Alfredo Lopez		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 7609 N. 24th Circle		Transaction ID: SA11A1.6624
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Julio Lopez		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1311 6th E. Street		Transaction ID: SA11A1.6378
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 102.62
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 ▼ 378.63	

SUBTOTAL of Receipts This Page (optional)	▶	602.62
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 123
	<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. Julio Lopez		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 1311 6th E. Street		Transaction ID: SA11A1.6500
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 108.28	
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 ▼ 486.91	

Full Name (Last, First, Middle Initial) B. Julio Lopez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1311 6th E. Street		Transaction ID: SA11A1.6625
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 87.68	
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 ▼ 574.59	

Full Name (Last, First, Middle Initial) C. Salil Mangi		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 3801 Sundown Court East		Transaction ID: SA11A1.6379
City mcallen State TX Zip Code 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	445.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 123
	<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. Full Name (Last, First, Middle Initial)
Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
05 / 11 / 2007

Transaction ID: SA11A1.6501

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
06 / 15 / 2007

Transaction ID: SA11A1.6627

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 12 / 2007

Transaction ID: SA11A1.6380

Amount of Each Receipt this Period
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 123
	<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. Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 116 Cardinal		Transaction ID: SA11A1.6502	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

B. Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 116 Cardinal		Transaction ID: SA11A1.6628	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

C. Full Name (Last, First, Middle Initial) Guillermo Marquez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 1702 Trinity Road		Transaction ID: SA11A1.6381	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 123
	<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. Guillermo Marquez		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 1702 Trinity Road		Transaction ID: SA11A1.6503
City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Guillermo Marquez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1702 Trinity Road		Transaction ID: SA11A1.6629
City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Agustin Martinez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 7603 N. 2nd Lane		Transaction ID: SA11A1.6382
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 123
	<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. Full Name (Last, First, Middle Initial)
Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.6504

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.6631

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6383

Amount of Each Receipt this Period
250.00

contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 123
	<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. Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6505
City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 contribution	
Name of Employer selfemployed Occupation physician	Amount of Each Receipt this Period 250.00 contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.6633
City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 contribution	
Name of Employer selfemployed Occupation physician	Amount of Each Receipt this Period 250.00 contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6384
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 contribution	
Name of Employer self-employed Occupation private investor	Amount of Each Receipt this Period 250.00 contribution	
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 123
	<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. Santos Martinez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 125 East Yucca		Transaction ID: SA11A1.6506
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Santos Martinez		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 125 East Yucca		Transaction ID: SA11A1.6634
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pedro McDougal		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1516 Iris		Transaction ID: SA11A1.6385
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 123
	<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. Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007 Transaction ID: SA11A1.6507
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1250.00	
Name of Employer selfemployed Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007 Transaction ID: SA11A1.6635
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1500.00	
Name of Employer selfemployed Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007 Transaction ID: SA11A1.6386
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1000.00	
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Bertha Medina		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 1300 1 1/2 Street		Transaction ID: SA11A1.6508	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Bertha Medina		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1300 1 1/2 Street		Transaction ID: SA11A1.6637	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Manuel Mercado		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 3002 Santa Susana		Transaction ID: SA11A1.6387	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 123
	<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. Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6509 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.6638 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Carlos Mohamed Mailing Address 5408 N. Cynthia City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6388 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 123
	<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. Carlos Mohamed		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 5408 N. Cynthia		Transaction ID: SA11A1.6510
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Carlos Mohamed		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 5408 N. Cynthia		Transaction ID: SA11A1.6639
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Carlos Morales		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 3325 Kent Lane		Transaction ID: SA11A1.6389
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City State Zip Code mcallen TX 78503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6511 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City State Zip Code mcallen TX 78503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.6640 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6390 Amount of Each Receipt this Period 163.58 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 603.57	

SUBTOTAL of Receipts This Page (optional)	663.58
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 123
	<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. Full Name (Last, First, Middle Initial)
Leonel Moreno

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 ▼ 776.18

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.6512

Amount of Each Receipt this Period
172.61

contribution

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

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 ▼ 915.95

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.6641

Amount of Each Receipt this Period
139.77

contribution

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

Mailing Address 1604 East Eight suite b

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 ▼ 540.90

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6391

Amount of Each Receipt this Period
146.60

contribution

SUBTOTAL of Receipts This Page (optional)	▶	458.98
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 123
	<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. Full Name (Last, First, Middle Initial) Gregoris Nunez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1604 East Eight suite b		Transaction ID: SA11A1.6513
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 154.69	
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 ▼ 695.59	

B. Full Name (Last, First, Middle Initial) Gregoris Nunez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1604 East Eight suite b		Transaction ID: SA11A1.6642
City weslaco State TX Zip Code 78596	Amount of Each Receipt this Period 125.26	
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 ▼ 820.85	

C. Full Name (Last, First, Middle Initial) Juan Ortiz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 4501 N. Cynthia		Transaction ID: SA11A1.6392
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	529.95
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 123
	<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 Ortiz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 4501 N. Cynthia		Transaction ID: SA11A1.6514
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Juan Ortiz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 4501 N. Cynthia		Transaction ID: SA11A1.6643
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Armando Osio		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 600 Tulip		Transaction ID: SA11A1.6393
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 123
	<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. Armando Osio		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007
Mailing Address 600 Tulip		Transaction ID: SA11A1.6515
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Armando Osio		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007
Mailing Address 600 Tulip		Transaction ID: SA11A1.6644
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Fernando Otero		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11A1.6394
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 123
	<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. Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11A1.6516
City mcallen State TX Zip Code 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11A1.6645
City mcallen State TX Zip Code 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2305 Red River		Transaction ID: SA11A1.6395
City mcallen State TX Zip Code 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 123
	<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. Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6517 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		

B. Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen State TX Zip Code 78572 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.6646 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

C. Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6396 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 123
	<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. Prakash Palimar		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 121 Canary		Transaction ID: SA11A1.6518	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Prakash Palimar		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 121 Canary		Transaction ID: SA11A1.6647	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Umesh Pathak		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 2004 Alexander Drive		Transaction ID: SA11A1.6397	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 146.60
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 ▼ 540.90		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 123
	<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. Umesh Pathak		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2004 Alexander Drive		Transaction ID: SA11A1.6519
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 154.69	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 695.59	

Full Name (Last, First, Middle Initial) B. Umesh Pathak		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2004 Alexander Drive		Transaction ID: SA11A1.6648
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 125.26	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 820.85	

Full Name (Last, First, Middle Initial) C. Ruben Pechero		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 5508 N. Cynthia		Transaction ID: SA11A1.6398
City State Zip Code McAllen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	529.95
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 123
	<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. Ruben Pechero		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 5508 N. Cynthia		Transaction ID: SA11A1.6520
City State Zip Code McAllen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ruben Pechero		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 5508 N. Cynthia		Transaction ID: SA11A1.6649
City State Zip Code McAllen TX 78502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Pena		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 100 Bluebird		Transaction ID: SA11A1.6399
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 123
	<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 Pena		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 100 Bluebird		Transaction ID: SA11A1.6521
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Pena		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 100 Bluebird		Transaction ID: SA11A1.6650
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Juan Pena		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 905 S. Huisache Court		Transaction ID: SA11A1.6400
City State Zip Code pharr TX 78577	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 123
	<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 Pena		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 905 S. Huisache Court		Transaction ID: SA11A1.6522	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Juan Pena		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 905 S. Huisache Court		Transaction ID: SA11A1.6651	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Ernie Perez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address P.O. Box 5360		Transaction ID: SA11A1.6401	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 73.30
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.45		

SUBTOTAL of Receipts This Page (optional) ▶	573.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 123
	<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. Ernie Perez		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address P.O. Box 5360		Transaction ID: SA11A1.6523	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 77.35
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 347.80	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ernie Perez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address P.O. Box 5360		Transaction ID: SA11A1.6652	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 62.63
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 410.43	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Claudia Pierson		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 6912 N. Peking		Transaction ID: SA11A1.6402	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	389.98
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 123
	<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		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 6912 N. Peking		Transaction ID: SA11A1.6524	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Claudia Pierson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 6912 N. Peking		Transaction ID: SA11A1.6653	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sergio Preciado		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 521 E. Bluebird		Transaction ID: SA11A1.6403	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 163.58
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 603.57	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	663.58
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 123
	<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. Sergio Preciado		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 521 E. Bluebird		Transaction ID: SA11A1.6525
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 172.61	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 776.18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sergio Preciado		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 521 E. Bluebird		Transaction ID: SA11A1.6654
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 139.77	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 915.95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sergio Ramirez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 1608 Woods Drive		Transaction ID: SA11A1.6404
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	562.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 123
	<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. Sergio Ramirez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1608 Woods Drive		Transaction ID: SA11A1.6526
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sergio Ramirez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1608 Woods Drive		Transaction ID: SA11A1.6655
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
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 M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1301 S. Perking		Transaction ID: SA11A1.6405
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physicaian	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 123
	<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. Gustavo Ramos		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1301 S. Perking		Transaction ID: SA11A1.6527
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physicaïn	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gustavo Ramos		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1301 S. Perking		Transaction ID: SA11A1.6656
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physicaïn	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R.V. Reddy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1500 Southland Drive		Transaction ID: SA11A1.6406
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. R.V. Reddy		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 1500 Southland Drive		Transaction ID: SA11A1.6528	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. R.V. Reddy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1500 Southland Drive		Transaction ID: SA11A1.6657	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Alvaro Restrepo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 120 Bluebird		Transaction ID: SA11A1.6407	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 123
	<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. William Restrepo		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 1117 S. Cynthia		Transaction ID: SA11A1.6408
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. William Restrepo		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 1117 S. Cynthia		Transaction ID: SA11A1.6529
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. William Restrepo		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 1117 S. Cynthia		Transaction ID: SA11A1.6658
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 123
	<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. Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 100 E. Houston		Transaction ID: SA11A1.6409
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 100 E. Houston		Transaction ID: SA11A1.6530
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

C. Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 100 E. Houston		Transaction ID: SA11A1.6659
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 123
	<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. Benjamin Robalino		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1217 S. Cynthia		Transaction ID: SA11A1.6410
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00	
Occupation physcian		

Full Name (Last, First, Middle Initial) B. Benjamin Robalino		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1217 S. Cynthia		Transaction ID: SA11A1.6531
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1250.00	
Occupation physcian		

Full Name (Last, First, Middle Initial) C. Benjamin Robalino		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1217 S. Cynthia		Transaction ID: SA11A1.6660
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1500.00	
Occupation physcian		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 123
	<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 Rodriguez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 8500 N. Taylor		Transaction ID: SA11A1.6411	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 75.34
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 460.39	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jose Rodriguez		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 8500 N. Taylor		Transaction ID: SA11A1.6532	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 79.50
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 539.89	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jose Rodriguez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 8500 N. Taylor		Transaction ID: SA11A1.6661	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 64.37
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 604.26	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	219.21
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 123
	<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. Paulette Saca		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 109 Condor		Transaction ID: SA11A1.6412	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Paulette Saca		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 109 Condor		Transaction ID: SA11A1.6533	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 625.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Paulette Saca		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 109 Condor		Transaction ID: SA11A1.6662	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 123
	<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. Full Name (Last, First, Middle Initial)
Javier Saenz

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11A1.6413

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: SA11A1.6534

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.6663

Amount of Each Receipt this Period
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 123
	<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. JJ Saenz		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11A1.6414	
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. JJ Saenz		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11A1.6535	
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. JJ Saenz		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11A1.6664	
City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 123
	<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. Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007	
Mailing Address 3300 S. 2nd suite 10		Transaction ID: SA11A1.6374	
City State Zip Code mcallen TX 78503		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation private investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007	
Mailing Address 3300 S. 2nd suite 10		Transaction ID: SA11A1.6496	
City State Zip Code mcallen TX 78503		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation private investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

C. Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 3300 S. 2nd suite 10		Transaction ID: SA11A1.6621	
City State Zip Code mcallen TX 78503		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Occupation private investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 123
	<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. Mariano Salinas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2007 Brazos Court		Transaction ID: SA11A1.6554
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mariano Salinas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2007 Brazos Court		Transaction ID: SA11A1.6536
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Mariano Salinas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2007 Brazos Court		Transaction ID: SA11A1.6665
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 1500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 123
	<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. Manuel Sanchez		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 2804 Santa Lydia		Transaction ID: SA11A1.6415	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Manuel Sanchez		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 2804 Santa Lydia		Transaction ID: SA11A1.6537	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Manuel Sanchez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2804 Santa Lydia		Transaction ID: SA11A1.6666	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 / 123
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Seiba		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address P. O. Box 4556		Transaction ID: SA11A1.6416	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Michael Seiba		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address P. O. Box 4556		Transaction ID: SA11A1.6538	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Michael Seiba		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address P. O. Box 4556		Transaction ID: SA11A1.6668	
City mcallen	State TX	Zip Code 78502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 123
	<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. John Sharp		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address P. O.Box 236		Transaction ID: SA11A1.6417	
City austin	State TX	Zip Code 78767	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. John Sharp		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address P. O.Box 236		Transaction ID: SA11A1.6539	
City austin	State TX	Zip Code 78767	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. John Sharp		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address P. O.Box 236		Transaction ID: SA11A1.6669	
City austin	State TX	Zip Code 78767	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 123
	<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. Tawhid Shuaib		Date of Receipt MM / DD / YYYY 04 / 12 / 2007
Mailing Address 4000 Burns Drive		Transaction ID: SA11A1.6418
City mcallen	State TX	Zip Code 78503
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Tawhid Shuaib		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address 4000 Burns Drive		Transaction ID: SA11A1.6540
City mcallen	State TX	Zip Code 78503
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Tawhid Shuaib		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 4000 Burns Drive		Transaction ID: SA11A1.6670
City mcallen	State TX	Zip Code 78503
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 ▼ 1500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 123
	<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 Trejo		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 112 S. Broadway		Transaction ID: SA11A1.6419
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Trejo		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 112 S. Broadway		Transaction ID: SA11A1.6541
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Trejo		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 112 S. Broadway		Transaction ID: SA11A1.6671
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 1500.00	
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) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 123
	<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 Trevino		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 205 E. Toronto		Transaction ID: SA11A1.6544
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Juan Trevino		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 205 E. Toronto		Transaction ID: SA11A1.6672
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 300.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Susan Turley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 312 Thunderbird		Transaction ID: SA11A1.6421
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 123
	<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. Susan Turley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 312 Thunderbird		Transaction ID: SA11A1.6545
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Turley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 312 Thunderbird		Transaction ID: SA11A1.6673
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2403 El Encino Drive		Transaction ID: SA11A1.6422
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 123
	<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. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2403 El Encino Drive		Transaction ID: SA11A1.6546
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2403 El Encino Drive		Transaction ID: SA11A1.6674
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jose Vasquez		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.6423
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 123
	<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 M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.6547
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Jose Vasquez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.6675
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Ramiro Verdoreen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 301 E. Newport		Transaction ID: SA11A1.6424
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	
Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 123
	<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. Ramiro Verdoreen		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 301 E. Newport		Transaction ID: SA11A1.6548
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Ramiro Verdoreen		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 301 E. Newport		Transaction ID: SA11A1.6676
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Carlos Villalta		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address P. O. Box 1632		Transaction ID: SA11A1.6425
City State Zip Code mission TX 78573	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 123
	<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. Carlos Villalta		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address P. O. Box 1632		Transaction ID: SA11A1.6549
City State Zip Code mission TX 78573	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 625.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carlos Villalta		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address P. O. Box 1632		Transaction ID: SA11A1.6677
City State Zip Code mission TX 78573	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rita Villanueva		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11A1.6426
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 179.31	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 661.61	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	429.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 123
	<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. Rita Villanueva		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11A1.6550
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 189.21	
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 ▼ 850.82	

Full Name (Last, First, Middle Initial) B. Rita Villanueva		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11A1.6678
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 153.21	
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 ▼ 1004.03	

Full Name (Last, First, Middle Initial) C. Victor Villarreal		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007
Mailing Address 901 W. Moore		Transaction ID: SA11A1.6427
City pharr State TX Zip Code 78577	Amount of Each Receipt this Period 146.60	
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 ▼ 540.90	

SUBTOTAL of Receipts This Page (optional) ▶	489.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 123
	<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

Full Name (Last, First, Middle Initial) A. Victor Villarreal		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 901 W. Moore		Transaction ID: SA11A1.6551	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 154.69
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 ▼ 695.59		

Full Name (Last, First, Middle Initial) B. Victor Villarreal		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 901 W. Moore		Transaction ID: SA11A1.6679	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 125.26
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 ▼ 820.85		

Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11A1.6428	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	529.95
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 123
	<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. Raymond Walker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11A1.6552
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Raymond Walker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11A1.6680
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. James Webb		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 312 Redbud		Transaction ID: SA11A1.6429
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 116.36	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 429.33	

SUBTOTAL of Receipts This Page (optional) ▶	616.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 123
	<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. James Webb		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 312 Redbud		Transaction ID: SA11A1.6555
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 122.78	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 552.11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Webb		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 312 Redbud		Transaction ID: SA11A1.6681
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 99.42	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 651.53	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patrick Wilcox		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 111 Rio Grande		Transaction ID: SA11A1.6430
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	472.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 123
	<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. Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: SA11A1.6556

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.6682

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Subbarao Yarra

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	7

Transaction ID: SA11A1.6557

Amount of Each Receipt this Period
50.00

contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 123
	<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. Full Name (Last, First, Middle Initial)
Subbarao Yarra

Mailing Address 6905
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: SA11A1.6683

Amount of Each Receipt this Period
50.00

contribution

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

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2007

Transaction ID: SA11A1.6432

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2007

Transaction ID: SA11A1.6558

Amount of Each Receipt this Period
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 123 / 123	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.6684

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	79550.04