

# 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** CITY STATE ZIPCODE

C00415752

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |                                                                |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

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 04 17 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		654384.71
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	654384.71									
(c) Total Receipts (from Line 19) .....	80114.01	80114.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	734498.72	734498.72								
7. Total Disbursements (from Line 31) .....	35000.00	35000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	699498.72	699498.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	77116.26	77116.26
(i) Itemized (use Schedule A) .....	2997.75	2997.75
(ii) Unitemized .....	80114.01	80114.01
(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) .....	80114.01	80114.01
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)) .....	80114.01	80114.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	80114.01	80114.01

**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.....	15000.00	15000.00
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.....	20000.00	20000.00
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))..	35000.00	35000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	35000.00

**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) .....	80114.01	80114.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	80114.01	80114.01
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1619 heritage lane

City mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
**Transaction ID:** SA11AI.7445  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Charity Abreu

Mailing Address 1619 heritage lane

City mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 15 / 2008  
**Transaction ID:** SA11AI.7565  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Charity Abreu

Mailing Address 1619 heritage lane

City mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
**Transaction ID:** SA11AI.7568  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 104 augusta square

City State Zip Code  
mcallen TX 78503

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

Name of Employer self-employee Occupation  
self-employee 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 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7446

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 104 augusta square

City State Zip Code  
mcallen TX 78503

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

Name of Employer self-employee Occupation  
self-employee physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7566

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 104 augusta square

City State Zip Code  
mcallen TX 78503

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

Name of Employer self-employee Occupation  
self-employee physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7569

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 115
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Alleyn	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 5505 N. 4th	<b>Transaction ID:</b> SA11AI.7447
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Alleyn	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 5505 N. 4th	<b>Transaction ID:</b> SA11AI.7567
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Alleyn	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 5505 N. 4th	<b>Transaction ID:</b> SA11AI.7570
	City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Amyx  
 Mailing Address 2108 Mynah  
 City State Zip Code  
mcallen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8  
**Transaction ID:** SA11AI.7448  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Amyx  
 Mailing Address 2108 Mynah  
 City State Zip Code  
mcallen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8  
**Transaction ID:** SA11AI.7571  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Amyx  
 Mailing Address 2108 Mynah  
 City State Zip Code  
mcallen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8  
**Transaction ID:** SA11AI.7572  
 Amount of Each Receipt this Period 250.00  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 10 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7004  
N. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7573

Amount of Each Receipt this Period  
125.00

contribution

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

Mailing Address 7004  
N. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

**Transaction ID:** SA11AI.7574

Amount of Each Receipt this Period  
125.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Murphy Badiga

Mailing Address 1503 S. Airport  
suite 6

City State Zip Code  
weslaco TX 78596

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

Name of Employer self-employed  
Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7450

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 115
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt
	Mailing Address 1503 S. Airport suite 6		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation physician	Transaction ID: SA11AI.7575
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="500.00"/>	contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Murphy Badiga		Date of Receipt
	Mailing Address 1503 S. Airport suite 6		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation physician	Transaction ID: SA11AI.7576
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="750.00"/>	contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation physician	Transaction ID: SA11AI.7451
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 115
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7577
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
	Mailing Address 501 Mockingbird Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7578
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ricardo Barrera		Date of Receipt
	Mailing Address 420 Frio		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 4 / 2 0 0 8
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7452
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 2804 Santa Ana

City State Zip Code  
mission TX 78574

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.7581

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 2804 Santa Ana

City State Zip Code  
mission TX 78574

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7582

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.7454

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7583

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7584

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7455

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 15 / 2008  
**Transaction ID:** SA11AI.7585  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.**

Full Name (Last, First, Middle Initial)  
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
**Transaction ID:** SA11AI.7586  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.**

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

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
**Transaction ID:** SA11AI.7456  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2000 N. 8th Street

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7587

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 2000 N. 8th Street

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7588

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code  
mcallen TX 78502

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7457

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code  
mcallen TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008

**Transaction ID:** SA11AI.7589

Amount of Each Receipt this Period 250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code  
mcallen TX 78502

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 14 / 2008

**Transaction ID:** SA11AI.7590

Amount of Each Receipt this Period 250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code  
mcallen TX 78501

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2008

**Transaction ID:** SA11AI.7458

Amount of Each Receipt this Period 250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7591

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7592

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7459

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 115
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 1016 E. Griffin Parkway	<b>Transaction ID:</b> SA11AI.7593
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 1016 E. Griffin Parkway	<b>Transaction ID:</b> SA11AI.7594
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Augusto Castrillon	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 223 Rio Grande Drive	<b>Transaction ID:</b> SA11AI.7460
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 223 Rio Grande Drive

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.7595

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 223 Rio Grande Drive

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7596

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

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) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.7461

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008

Transaction ID: SA11AI.7597

Amount of Each Receipt this Period 250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 14 / 2008

Transaction ID: SA11AI.7598

Amount of Each Receipt this Period 250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
R. Chandrasekharan

Mailing Address 1210 East 8th street suite 1

City weslaco State TX Zip Code 78591

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2008

Transaction ID: SA11AI.7462

Amount of Each Receipt this Period 250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
R. Chandrarasekharan

Mailing Address 1210 East 8th street  
suite 1

City State Zip Code  
weslaco TX 78591

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.7599

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
R. Chandrarasekharan

Mailing Address 1210 East 8th street  
suite 1

City State Zip Code  
weslaco TX 78591

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7600

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 207.62

Date of Receipt

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

Transaction ID: SA11AI.7463

Amount of Each Receipt this Period

207.62

contribution

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

**707.62**

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

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

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

FOR LINE NUMBER: PAGE 24 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Diana Cortinas  
Mailing Address 1400 Northgate Lane  
City State Zip Code  
mcallen TX 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation  
self-employed physician  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 415.24  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8  
Transaction ID: SA11AI.7601  
Amount of Each Receipt this Period  
207.62  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Diana Cortinas  
Mailing Address 1400 Northgate Lane  
City State Zip Code  
mcallen TX 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation  
self-employed physician  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 622.86  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8  
Transaction ID: SA11AI.7602  
Amount of Each Receipt this Period  
207.62  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Guillermo Cortinas  
Mailing Address 1224 Northgate Lane  
City State Zip Code  
mcallen TX 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation  
self-employed physician  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 255.06  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8  
Transaction ID: SA11AI.7603  
Amount of Each Receipt this Period  
127.53  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 542.77  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.59

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7604

Amount of Each Receipt this Period  
127.53

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7465

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7605

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **627.53**

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

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

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

FOR LINE NUMBER: PAGE 26 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1400 Northgate

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7606

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
James Darling

Mailing Address 1225 E Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2008

**Transaction ID:** SA11AI.7674

Amount of Each Receipt this Period  
150.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
James Darling

Mailing Address 1225 E Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7675

Amount of Each Receipt this Period  
150.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2008  
Transaction ID: SA11AI.7467  
Amount of Each Receipt this Period 250.00  
contribution

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008  
Transaction ID: SA11AI.7609  
Amount of Each Receipt this Period 250.00  
contribution

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 14 / 2008  
Transaction ID: SA11AI.7610  
Amount of Each Receipt this Period 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 115

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed 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 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7468

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7607

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7608

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 250.00  
Date of Receipt 01 / 14 / 2008  
Transaction ID: SA11AI.7469  
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 ▼ 500.00  
Date of Receipt 02 / 15 / 2008  
Transaction ID: SA11AI.7611  
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 ▼ 750.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: SA11AI.7612  
Amount of Each Receipt this Period 250.00  
contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent 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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7471

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent 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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7615

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent 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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7616

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

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

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2008

**Transaction ID:** SA11AI.7472

Amount of Each Receipt this Period 250.00

contribution

**B.**

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

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008

**Transaction ID:** SA11AI.7617

Amount of Each Receipt this Period 250.00

contribution

**C.**

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

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 14 / 2008

**Transaction ID:** SA11AI.7618

Amount of Each Receipt this Period 250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Alberto Felici  
 Mailing Address 2309 W. Greenbriar Square  
 City State Zip Code  
 mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation  
 self-employed physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 1 4 / 2 0 0 8  
**Transaction ID:** SA11AI.7473  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Alberto Felici  
 Mailing Address 2309 W. Greenbriar Square  
 City State Zip Code  
 mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation  
 self-employed physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 5 / 2 0 0 8  
**Transaction ID:** SA11AI.7619  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Alberto Felici  
 Mailing Address 2309 W. Greenbriar Square  
 City State Zip Code  
 mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation  
 self-employed physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 750.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 8  
**Transaction ID:** SA11AI.7620  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 115  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 320 Primrose

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7474

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 320 Primrose

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7621

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 320 Primrose

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7622

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Eugenio Galindo  
Mailing Address 5936 N. Cynthia  
City State Zip Code  
mcallen TX 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation  
self-employed physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 01 / 14 / 2008  
Transaction ID: SA11AI.7475  
Amount of Each Receipt this Period: 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Eugenio Galindo  
Mailing Address 5936 N. Cynthia  
City State Zip Code  
mcallen TX 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation  
self-employed physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 02 / 15 / 2008  
Transaction ID: SA11AI.7623  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Eugenio Galindo  
Mailing Address 5936 N. Cynthia  
City State Zip Code  
mcallen TX 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation  
self-employed physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt: 03 / 14 / 2008  
Transaction ID: SA11AI.7624  
Amount of Each Receipt this Period: 250.00  
contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed 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 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7476

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7625

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7626

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Hiram Garcia

Mailing Address 2712 E. Mile 5 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
**Transaction ID:** SA11AI.7477  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Hiram Garcia

Mailing Address 2712 E. Mile 5 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 15 / 2008  
**Transaction ID:** SA11AI.7627  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Hiram Garcia

Mailing Address 2712 E. Mile 5 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
**Transaction ID:** SA11AI.7628  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 5404 N. 1st street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7478

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 5404 N. 1st street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7629

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 5404 N. 1st street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7630

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7479

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7631

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7632

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼ 201.24

Date of Receipt

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

Transaction ID: SA11AI.7480

Amount of Each Receipt this Period

201.24

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 ▼ 402.48

Date of Receipt

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

Transaction ID: SA11AI.7633

Amount of Each Receipt this Period

201.24

contribution

**C.**

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 ▼ 603.72

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7634

Amount of Each Receipt this Period

201.24

contribution

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

603.72

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

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

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

FOR LINE NUMBER: PAGE 40 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7481

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7635

Amount of Each Receipt this Period  
250.00

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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7637

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 406.28

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7639

Amount of Each Receipt this Period  
221.61

contribution

**B.** 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 ▼ 627.89

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7640

Amount of Each Receipt this Period  
221.61

contribution

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

Mailing Address 2305 Monaco Drive

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7483

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **693.22**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alfredo Gonzalez

Mailing Address 2305 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7642

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Alfredo Gonzalez

Mailing Address 2305 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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7643

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 3511 Plazas del Lago

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7485

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jaime Gonzalez  
Mailing Address 3511 Plazas del Lago  
City State Zip Code  
edinburg TX 78539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 02 / 15 / 2008  
Transaction ID: SA11AI.7644  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Jaime Gonzalez  
Mailing Address 3511 Plazas del Lago  
City State Zip Code  
edinburg TX 78539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: SA11AI.7645  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson  
Mailing Address 1501 Meadwood  
City State Zip Code  
weslaco TX 78596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 14 / 2008  
Transaction ID: SA11AI.7484  
Amount of Each Receipt this Period 250.00  
contribution

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

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

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

FOR LINE NUMBER: PAGE 44 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson  
 Mailing Address 1501 Meadwood  
 City weslaco State TX Zip Code 78596  
 Date of Receipt 02 / 15 / 2008  
 Transaction ID: SA11AI.7646  
 Amount of Each Receipt this Period 250.00  
 contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson  
 Mailing Address 1501 Meadwood  
 City weslaco State TX Zip Code 78596  
 Date of Receipt 03 / 14 / 2008  
 Transaction ID: SA11AI.7647  
 Amount of Each Receipt this Period 250.00  
 contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 750.00

**C.** Full Name (Last, First, Middle Initial)  
Verley Gordon  
 Mailing Address 1700 E. Mile 3 Road  
 City mission State TX Zip Code 78574  
 Date of Receipt 01 / 14 / 2008  
 Transaction ID: SA11AI.7486  
 Amount of Each Receipt this Period 250.00  
 contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 115

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7648

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7649

Amount of Each Receipt this Period

250.00

contribution

**C.**

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  
selfemployed 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 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7487

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
	Mailing Address 905 Inspiratin Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 15 / 2008
	City	State	Zip Code
	pharr	TX	78577
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7650
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt
	Mailing Address 905 Inspiratin Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 14 / 2008
	City	State	Zip Code
	pharr	TX	78577
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7651
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Guerra		Date of Receipt
	Mailing Address 101 S. Broadway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 14 / 2008
	City	State	Zip Code
	Mcallen	TX	78501
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7488
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code  
Mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7652

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 101 S. Broadway

City State Zip Code  
Mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7653

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 self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7655

Amount of Each Receipt this Period  
100.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 115  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer selfemployed 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	1	/	1	4	/	2	0	0	8

**Transaction ID:** SA11AI.7490

Amount of Each Receipt this Period  
250.00

contribution

**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**

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
0	2	/	1	5	/	2	0	0	8

**Transaction ID:** SA11AI.7656

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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**

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

**Transaction ID:** SA11AI.7657

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 115  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.81

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7491

Amount of Each Receipt this Period  
 241.81

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 491.81

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7658

Amount of Each Receipt this Period  
 250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 741.81

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7659

Amount of Each Receipt this Period  
 250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **741.81**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 115  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 6020 Wisconsin

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7492

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 6020 Wisconsin

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7660

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 6020 Wisconsin

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 ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7661

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code  
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7493

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code  
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7662

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code  
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7663

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 224 Lindberg

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7494

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 224 Lindberg

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7664

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 224 Lindberg

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7665

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 115

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 4008 Burns Drive South

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation  
selfemployed 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 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.7807

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 4008 Burns Drive South

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7808

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code  
mcallen TX 78501

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
240.63

Date of Receipt

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

Transaction ID: SA11AI.7666

Amount of Each Receipt this Period

131.25

contribution

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

631.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
	Mailing Address 820 Tamarack		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7667
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 131.25
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 371.88	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pharr	TX	78577
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7498
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
	Mailing Address 2000 Dana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pharr	TX	78577
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7676
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 631.25
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 115  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Ambrosio Hernandez

Mailing Address 2000 Dana

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 ▼  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2008

**Transaction ID:** SA11AI.7677

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2008

**Transaction ID:** SA11AI.7496

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2008

**Transaction ID:** SA11AI.7668

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 115
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Maximiliano Hernandez	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin	<b>Transaction ID:</b> SA11AI.7669
	City State Zip Code mcallen TX 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria Hoffman	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 802 Inspiration Road	<b>Transaction ID:</b> SA11AI.7497
	City State Zip Code pharr TX 78577	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maria Hoffman	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 802 Inspiration Road	<b>Transaction ID:</b> SA11AI.7670
	City State Zip Code pharr TX 78577	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 57 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code  
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7671

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2008

**Transaction ID:** SA11AI.7499

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2008

**Transaction ID:** SA11AI.7682

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 115
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
	Mailing Address 204 Rio Grande		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7683
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Nelson Kalaf		Date of Receipt
	Mailing Address 5401 N. 8th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 14 / 2008
	City	State	Zip Code
	mcAllen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7501
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Nelson Kalaf		Date of Receipt
	Mailing Address 5401 N. 8th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2008
	City	State	Zip Code
	mcAllen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7686
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7687

Amount of Each Receipt this Period  
250.00

contribution

**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**

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7502

Amount of Each Receipt this Period  
250.00

contribution

**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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7688

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt
	Mailing Address 2548 Palm Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	rio grande city	TX	78582
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7689
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gholam Kiani		Date of Receipt
	Mailing Address 213 e. Xenops		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7504
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Gholam Kiani		Date of Receipt
	Mailing Address 213 e. Xenops		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7690
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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**

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7691

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7505

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7692

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 62 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Mary Elizabeth Klenz  
Mailing Address 5111 N. 10th Street  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: SA11AI.7693  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Alejandro Kudisch  
Mailing Address 323 Nightingale  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 14 / 2008  
Transaction ID: SA11AI.7506  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Alejandro Kudisch  
Mailing Address 323 Nightingale  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 02 / 15 / 2008  
Transaction ID: SA11AI.7694  
Amount of Each Receipt this Period 250.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receipt
	Mailing Address 323 Nightingale		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7695
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt
	Mailing Address Rt 2 Box 522-K		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 14 / 2008
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7507
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt
	Mailing Address Rt 2 Box 522-K		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2008
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7696
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2008

Transaction ID: SA11AI.7697

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 14 / 2008

Transaction ID: SA11AI.7508

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2008

Transaction ID: SA11AI.7698

Amount of Each Receipt this Period  
250.00

contribution

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

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt
	Mailing Address 601 Tulip		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7699
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 14 / 2008
	City	State	Zip Code
	austin	TX	78703
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7509
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2008
	City	State	Zip Code
	austin	TX	78703
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7700
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 115
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	austin	TX	78703
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7701
Name of Employer self-employed		Occupation private investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 750.00	contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Alfredo Lopez		Date of Receipt
	Mailing Address 7609 N. 24th Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7510
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Alfredo Lopez		Date of Receipt
	Mailing Address 7609 N. 24th Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.7702
Name of Employer selfemployed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 67 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7609 N. 24th Circle

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 ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7703

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 1311 6th E. Street

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 15 / 2008

**Transaction ID:** SA11AI.7704

Amount of Each Receipt this Period  
152.00

contribution

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

Mailing Address 1311 6th E. Street

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7705

Amount of Each Receipt this Period  
152.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **554.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7512

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7706

Amount of Each Receipt this Period  
250.00

contribution

**C.** 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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7707

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 115  
(check only one)

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

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7513

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7708

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 ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7709

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

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 ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
**Transaction ID:** SA11AI.7514  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

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: 02 / 15 / 2008  
**Transaction ID:** SA11AI.7710  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

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 ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
**Transaction ID:** SA11AI.7711  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7515

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7712

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7713

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 72 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7516

Amount of Each Receipt this Period  
250.00

contribution

**B.** 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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7714

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 ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7715

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 73 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
Transaction ID: SA11AI.7517  
Amount of Each Receipt this Period: 250.00  
contribution

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

Mailing Address 125 East Yucca

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 15 / 2008  
Transaction ID: SA11AI.7716  
Amount of Each Receipt this Period: 250.00  
contribution

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

Mailing Address 125 East Yucca

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
Transaction ID: SA11AI.7717  
Amount of Each Receipt this Period: 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 115  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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		Date of Receipt MM / DD / YYYY 01 / 14 / 2008
Mailing Address 1516 Iris		<b>Transaction ID:</b> SA11AI.7518
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 1516 Iris		<b>Transaction ID:</b> SA11AI.7718
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt MM / DD / YYYY 03 / 14 / 2008
Mailing Address 1516 Iris		<b>Transaction ID:</b> SA11AI.7719
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.7519

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7720

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7721

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

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

Mailing Address 5408 N. Cynthia

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 14 / 2008

**Transaction ID:** SA11AI.7520

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 5408 N. Cynthia

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 15 / 2008

**Transaction ID:** SA11AI.7722

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 5408 N. Cynthia

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 14 / 2008

**Transaction ID:** SA11AI.7723

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 77 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3325 Kent Lane

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7521

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 3325 Kent Lane

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7724

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 3325 Kent Lane

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7725

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
**Transaction ID:** SA11AI.7522  
 Amount of Each Receipt this Period: 250.00  
 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 ▼ 500.00

Date of Receipt: 02 / 15 / 2008  
**Transaction ID:** SA11AI.7726  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.**

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 ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
**Transaction ID:** SA11AI.7727  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 251.43

Date of Receipt MM / DD / YYYY 02 / 15 / 2008

Transaction ID: SA11AI.7728

Amount of Each Receipt this Period 137.14

contribution

**B.** 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 ▼ 388.57

Date of Receipt MM / DD / YYYY 03 / 14 / 2008

Transaction ID: SA11AI.7729

Amount of Each Receipt this Period 137.14

contribution

**C.** Full Name (Last, First, Middle Initial)  
Armando Osio

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 01 / 14 / 2008

Transaction ID: SA11AI.7524

Amount of Each Receipt this Period 250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 524.28

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 600 Tulip		Transaction ID: SA11AI.7730
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 ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt MM / DD / YYYY 03 / 14 / 2008
Mailing Address 600 Tulip		Transaction ID: SA11AI.7732
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 ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt MM / DD / YYYY 01 / 14 / 2008
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11AI.7525
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Fernando Otero

Mailing Address 121 E. Quamasia  
#148

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7733

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Fernando Otero

Mailing Address 121 E. Quamasia  
#148

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7734

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Kip Owen

Mailing Address 2305 Red River

City State Zip Code  
mcallen 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 ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7736

Amount of Each Receipt this Period

75.00

contribution

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

575.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7527

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7737

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7738

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)  
Ruben Pechero

Mailing Address 5508 N. Cynthia

City	State	Zip Code
McAllen	TX	78502

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.7528

Amount of Each Receipt this Period  
250.00

contribution

B.

Full Name (Last, First, Middle Initial)  
Ruben Pechero

Mailing Address 5508 N. Cynthia

City	State	Zip Code
McAllen	TX	78502

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.7672

Amount of Each Receipt this Period  
250.00

contribution

C.

Full Name (Last, First, Middle Initial)  
Ruben Pechero

Mailing Address 5508 N. Cynthia

City	State	Zip Code
McAllen	TX	78502

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7673

Amount of Each Receipt this Period  
250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 115  
(check only one)

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

Mailing Address 100 Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7529

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.7739

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7740

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 905 S. Huisache Court

City State Zip Code  
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7530

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 905 S. Huisache Court

City State Zip Code  
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7741

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 905 S. Huisache Court

City State Zip Code  
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7742

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.38

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7680

Amount of Each Receipt this Period  
124.57

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.95

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7681

Amount of Each Receipt this Period  
124.57

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.57

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7532

Amount of Each Receipt this Period  
228.57

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **477.71**

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

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

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

FOR LINE NUMBER: PAGE 87 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 478.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7743

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 728.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7744

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7533

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7745

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7746

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed 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 1 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7534

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.7747

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.7748

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed physiciain

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.7535

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt MM / DD / YYYY 02 / 15 / 2008		
	Mailing Address 1301 S. Perking		<b>Transaction ID:</b> SA11AI.7749		
	City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed	Occupation physicain	Aggregate Year-to-Date 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt MM / DD / YYYY 03 / 14 / 2008		
	Mailing Address 1301 S. Perking		<b>Transaction ID:</b> SA11AI.7750		
	City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed	Occupation physicain	Aggregate Year-to-Date 750.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) R.V. Reddy		Date of Receipt MM / DD / YYYY 01 / 14 / 2008		
	Mailing Address 1500 Southland Drive		<b>Transaction ID:</b> SA11AI.7536		
	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 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 91 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 15 / 2008  
Transaction ID: SA11AI.7751  
Amount of Each Receipt this Period: 250.00  
contribution

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

Mailing Address 1500 Southland Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 14 / 2008  
Transaction ID: SA11AI.7752  
Amount of Each Receipt this Period: 250.00  
contribution

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

Mailing Address 1117 S. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 14 / 2008  
Transaction ID: SA11AI.7537  
Amount of Each Receipt this Period: 250.00  
contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7753

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7754

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7538

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 93 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code  
mcallen TX 78501

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

Name of Employer 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 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.7755

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7756

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

**Transaction ID:** SA11AI.7539

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physcian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7757

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physcian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7758

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Paulette Saca

Mailing Address 109 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7761

Amount of Each Receipt this Period  
125.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 115
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paulette Saca		Date of Receipt
	Mailing Address 109 Condor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 14 / 2008
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7762
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 125.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 375.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt
	Mailing Address 2308 Monaco Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 14 / 2008
	City	State	Zip Code
	mission	TX	78574
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7544
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt
	Mailing Address 2308 Monaco Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2008
	City	State	Zip Code
	mission	TX	78574
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7765
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 625.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 2308 Monaco Drive

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7766

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 2400 S.E. Augusta Square

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7542

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 2400 S.E. Augusta Square

City State Zip Code  
mcallen TX 78503

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7763

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 97 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 2400 S.E. Augusta Square

City State Zip Code  
mcallen TX 78503

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2008

Transaction ID: SA11AI.7764

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 3300 S. 2nd  
suite 10

City State Zip Code  
mcallen TX 78503

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 14 / 2008

Transaction ID: SA11AI.7545

Amount of Each Receipt this Period

250.00

contribution

**C.**

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

Mailing Address 3300 S. 2nd  
suite 10

City State Zip Code  
mcallen TX 78503

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2008

Transaction ID: SA11AI.7767

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 115
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt
	Mailing Address 3300 S. 2nd suite 10		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78503
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer self-employed		Occupation	Transaction ID: SA11AI.7768
self-employed		private investor	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 750.00		
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text"/> 250.00
			contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Mariano Salinas		Date of Receipt
	Mailing Address 2007 Brazos Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.7546
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text"/> 250.00
			contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Mariano Salinas		Date of Receipt
	Mailing Address 2007 Brazos Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.7769
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500.00		
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text"/> 250.00
			contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 99 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Mariano Salinas

Mailing Address 2007 Brazos 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 ▼ 750.00

Date of Receipt 03 / 14 / 2008

Transaction ID: SA11AI.7770

Amount of Each Receipt this Period 250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Manuel Sanchez

Mailing Address 2804 Santa Lydia

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2008

Transaction ID: SA11AI.7547

Amount of Each Receipt this Period 250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Manuel Sanchez

Mailing Address 2804 Santa Lydia

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008

Transaction ID: SA11AI.7771

Amount of Each Receipt this Period 250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7772

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P. O.Box 236

City State Zip Code  
austin TX 78767

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
01 / 14 / 2008

**Transaction ID:** SA11AI.7548

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P. O.Box 236

City State Zip Code  
austin TX 78767

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y  
02 / 15 / 2008

**Transaction ID:** SA11AI.7773

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 101 / 115  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
John Sharp

Mailing Address P. O.Box 236

City State Zip Code  
austin TX 78767

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7774

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** SA11AI.7549

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7775

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7776

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code  
Mcallen TX 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.17

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2008

**Transaction ID:** SA11AI.7678

Amount of Each Receipt this Period  
141.91

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code  
Mcallen TX 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 402.08

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2008

**Transaction ID:** SA11AI.7679

Amount of Each Receipt this Period  
141.91

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **533.82**

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

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

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

FOR LINE NUMBER: PAGE 103 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jose Trejo  
Mailing Address 112 S. Broadway  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 14 / 2008  
Transaction ID: SA11AI.7552  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Jose Trejo  
Mailing Address 112 S. Broadway  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 02 / 15 / 2008  
Transaction ID: SA11AI.7779  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Jose Trejo  
Mailing Address 112 S. Broadway  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 03 / 14 / 2008  
Transaction ID: SA11AI.7780  
Amount of Each Receipt this Period 250.00  
contribution

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

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

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

FOR LINE NUMBER: PAGE 104 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Susan Turley  
 Mailing Address 312 Thunderbird  
 City State Zip Code  
mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation  
self-employed physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00  
 Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 8  
**Transaction ID:** SA11AI.7554  
 Amount of Each Receipt this Period  
250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Susan Turley  
 Mailing Address 312 Thunderbird  
 City State Zip Code  
mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation  
self-employed 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 2 / 1 5 / 2 0 0 8  
**Transaction ID:** SA11AI.7783  
 Amount of Each Receipt this Period  
250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Susan Turley  
 Mailing Address 312 Thunderbird  
 City State Zip Code  
mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation  
self-employed physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
750.00  
 Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 8  
**Transaction ID:** SA11AI.7784  
 Amount of Each Receipt this Period  
250.00  
 contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 115

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino 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 ▼ 250.00

Date of Receipt 01 / 14 / 2008

**Transaction ID:** SA11AI.7555

Amount of Each Receipt this Period 250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino 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 ▼ 500.00

Date of Receipt 02 / 15 / 2008

**Transaction ID:** SA11AI.7785

Amount of Each Receipt this Period 250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino 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 ▼ 750.00

Date of Receipt 03 / 14 / 2008

**Transaction ID:** SA11AI.7786

Amount of Each Receipt this Period 250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 106 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jose Vasquez  
Mailing Address 2548 Palm Circle  
City State Zip Code  
rio grande city TX 78582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 01 / 14 / 2008  
Transaction ID: SA11AI.7503  
Amount of Each Receipt this Period: 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Jose Vasquez  
Mailing Address 2548 Palm Circle  
City State Zip Code  
rio grande city TX 78582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 02 / 15 / 2008  
Transaction ID: SA11AI.7787  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Jose Vasquez  
Mailing Address 2548 Palm Circle  
City State Zip Code  
rio grande city TX 78582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt: 03 / 14 / 2008  
Transaction ID: SA11AI.7788  
Amount of Each Receipt this Period: 250.00  
contribution

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

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

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

FOR LINE NUMBER: PAGE 107 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Ramiro Verdoreen

Mailing Address 301 E. Newport

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7556

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 301 E. Newport

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.7789

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 301 E. Newport

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed  
Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

**Transaction ID:** SA11AI.7790

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 108 / 115  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address P. O. Box 1632

City State Zip Code  
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7791

Amount of Each Receipt this Period  
125.00

contribution

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

Mailing Address P. O. Box 1632

City State Zip Code  
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.7792

Amount of Each Receipt this Period  
125.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.54

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** SA11AI.7793

Amount of Each Receipt this Period  
167.75

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **417.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 115
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City mcallen	State TX	Zip Code 78504
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7794
	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 ▼ 475.29	Amount of Each Receipt this Period 167.75 contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt
	Mailing Address 901 W. Moore		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City pharr	State TX	Zip Code 78577
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7795
	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 ▼ 251.43	Amount of Each Receipt this Period 137.14 contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt
	Mailing Address 901 W. Moore		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City pharr	State TX	Zip Code 78577
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7796
	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 ▼ 388.57	Amount of Each Receipt this Period 137.14 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>442.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt MM / DD / YYYY 01 / 14 / 2008
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11AI.7560
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 private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11AI.7797
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 private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt MM / DD / YYYY 03 / 14 / 2008
Mailing Address 1117 Shallow apt 4		Transaction ID: SA11AI.7798
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 private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Webb

Mailing Address 312 Redbud

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.63

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7799

Amount of Each Receipt this Period  
131.25

contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Webb

Mailing Address 312 Redbud

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 371.88

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7800

Amount of Each Receipt this Period  
131.25

contribution

**C.**

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

Mailing Address 111 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7562

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **512.50**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 115  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: SA11AI.7801

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

Transaction ID: SA11AI.7802

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 316 Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: SA11AI.7564

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 113 / 115  
(check only one)

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.7803

Amount of Each Receipt this Period

250.00
--------

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 selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

Transaction ID: SA11AI.7804

Amount of Each Receipt this Period

250.00
--------

contribution

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

500.00

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

77116.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 115

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Transaction ID: SB23.7809

Date of Disbursement

Mailing Address 430 South Capitol Street SE  
2nd Floor

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

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

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 115

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)  
Southwest Voter Registration Education Project

Transaction ID: SB29.7815

Date of Disbursement

Mailing Address 206 Lombard

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

City State Zip Code  
San Antonio TX 78226

Amount of Each Disbursement this Period

20000.00
----------

Purpose of Disbursement  
voter registration startup expenditures

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

20000.00
----------

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

20000.00
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