02/10/2011 14:58

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIW 3X	For O	ther Than An	Authorized Co	mmittee		Office Use Only	/
NAME OF COMMITTEE (in full)		EC MAILING LA PE OR PRINT		If typing, type lines			
BORDER HEALTH F	FEDERAL PAC						
ADDRESS (number and str	reet) 612	W. Nolana Suite	340				
X Check if differer than previously reported. (ACC)		Allen			LTX	78504]-[
2. FEC IDENTIFICATION	ON NUMBER	\	CITY 🛕		STATE	ZIPC	ODE 🛕
C00415752			3. IS THIS REPORT	NEW (N) OR	I X I	MENDED A)	
4. TYPE OF REPOR (Choose One) (a) Quarterly Repor April 15 Quarterly R July 15 Quarterly R X October 15 Quarterly R January 31 Quarterly R July 31 Mid Report(Nor Year Only) Terminatior (TER)	ts: deport(Q1) deport(Q2) deport(Q3) deport(YE) deport(YE) deport(MY)	(d) 30-Day Post -Elec Report for the	con Constitution Gen	May 20 (M5 Jun 20 (M6 Jul 20 (M7) ary (12P) vention (12C) eral (30G)) Se	in the	Special (30S)
5. Covering Period	07	01 201	0 ti	nrough 0 9	30	2010]
I certify that I have examin Type or Print Name of Tre	·	and to the best of nie Perez	my knowledge and b	elief it is true, correc	ct and complete		
Signature of Treasurer NOTE: Submission of fal	Electronically F	-		the person signing t	Date 0 2		2 0 1 1 J.S.C 437g.
Office Use						FEC FOI	RM 3X

FE6AN026

A. Form/Schedule: F3XA

Transaction ID:

Due to commmittee change in offical address; did not receive letter (dated 12.08.2010) requesting response until letter remail was mailed to an unoffical address as a courtesy to the committee and received 02.10.2011. Amended report dated 02.10.2011 reflects committee change of address and the additional information needed as per the letter dated 12.08.2010. The initial report reflected clerical errors as follows:

Roy Blunt - dated of contribution was 08.02.2010 not 08.04.2010. check date was 08.02.2010; check clearing date was 08.04.2010. Chet Edwards - the elec-

tion designation should have reflected General -2010 not Primary -2010.

Jane Bergman Norman - the election designation should have reflected General - 2010 not Primary - 2010.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

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FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name BORDER HEALTH FEDERAL PAC

	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		899096.58
	(b) Cash on Hand at Begining of Reporting Period	970244.92	
	(c) Total Receipts (from Line 19)	90787.63	269786.38
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1061032.55	1168882.96
7.	Total Disbursements (from Line 31)	98058.77	205909.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	962973.78	962973.78
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	1800.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 177

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From: 0.7

D D 1

2010

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^D 30

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	88533.23	251656.19
(ii) Unitemized	2254.40	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	90787.63	269786.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	90787.63	269786.38
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received 5. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
B. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	90787.63	269786.38
). Total Federal Receipts (subtract Line 18(c) from Line 19)	90787.63	269786.38

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1059.77	F7200 10
	Expenditures(c) Total Operating Expenditures	1958.77	57309.18
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1958.77	57309.18
22.	Transfers to Affiliated/Other Party		
2	Committees Contributions to	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	62500.00	115000.00
4.	Independent Expenditure		
_	(use Schedule E)	0.00	0.00
.J.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(uso sofiedule i)		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	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	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	33600.00	33600.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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))	98058.77	205909.18
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	00050 77	205000 10
	from Line 31)	98058.77	205909.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 177

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)	90787.63	269786.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90787.63	269786.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1958.77	57309.18
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1958.77	57309.18

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous Mailing Address 1217 Fullerton City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.12825 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11Al.12631 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	only)	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1050.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12632 Amount of Each Receipt this Period 150.00 contribution
SUBTOTAL of Receipts This Page (optional) .	•	550.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pee e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ricardo Abreu		Date of Receipt
•	Mailing Address 200 E. Xenops		09 20 7 2010
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12827
	FEC ID number of contributing federal political committee.	C 76504	Amount of Each Receipt this Period 150.00
	Name of Employer Self employed Receipt For:	Occupation physician	contribution
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 1350.00	
_	Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt
	Mailing Address 104 augusta square		$\begin{bmatrix} & \text{M} & \text{M} & / & \text{D} & \text{D} & / & \text{Y} & \text{Y} & \text{Y} & \text{Y} \\ 0.7 & & & 2.2 & & 2.01.0 \end{bmatrix}$
	City	State Zip Code	Transaction ID: SA11AI.12435
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employee	Occupation physician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
_	Full Name (Last, First, Middle Initial)	0 0 0 0 0 0 0 0	
	Ruben Abreu Mailing Address 104 augusta square		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12633
	mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .	1	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 177 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt
Mailing Address 104 augusta square			09 / 20 / 4 9 9
City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.12828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Juan Aguilera			Date of Receipt
Mailing Address 807 North Cage			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.12436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Juan Aguilera			Date of Receipt
Mailing Address 807 North Cage			08 13 2010
City Pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.12634
FEC ID number of contributing federal political committee.	C	70077	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
	Mailing Address 807 North Cage		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12829
	Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
- 3.	Full Name (Last, First, Middle Initial) Ms Sahar Alizy		Date of Receipt
	Mailing Address 1609 Martin		09 20 2010
	City	State Zip Code	Transaction ID: SA11Al.12830
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
- :.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		07 22 YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.12438
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional)		525.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 177 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
∠ 4 .	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th City	State Zip Code	0 8 1 3 2 0 1 0 Transaction ID: SA11AI.12636
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
_ 3.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		09 20 7 2010
	City	State Zip Code	Transaction ID: SA11AI.12831
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
_ }.	Full Name (Last, First, Middle Initial) Ms Alex Ambriz		Date of Receipt
	Mailing Address 15253 Heather		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12832
	<u>Harlingen</u>	TX 78552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)		525.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		07 22 2010
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.12440 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
В.	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		08 13 2010
	City	State Zip Code	Transaction ID: SA11Al.12638
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
_).	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
	Mailing Address 2108 Mynah		09 20 Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12833
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12441 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12639 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12834 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/1// (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report or for commercial purposes, other than	orts and Statements may not be sold or used by any per- using the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
Mailing Address 129 Bluebird		0 7 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12442
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Daisy Arce)	Date of Receipt
Mailing Address 129 Bluebird		0 8 1 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12640
<u>Mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)		Date of Decivity
Daisy Arce Mailing Address 129 Bluebird		Date of Receipt M M
City	State Zip Code	Transaction ID: SA11AI.12835
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	450.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvd City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M Z D Z D Z D 1 D Z D 1 D Z D D Z D D D Z D D D D
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation doctor Aggregate Year-to-Date ▼ 875.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation doctor Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Z D 1 0 Transaction ID: SA11Al.12642 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)	·····	275.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the control of the co
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78596 C Occupation doctor Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 2 0 2 0 1 0 Transaction ID: SA11AI.12837 Amount of Each Receipt this Period 125.00 contribution
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1125	
3.	Murphy Badiga Mailing Address 1503 S. Airport suite 6 City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M 2 2 2 2 2 2 1 0 1 0 Transaction ID: SA11AI.12445 Amount of Each Receipt this Period 250.00 contribution
	Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date 2000	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12643 Amount of Each Receipt this Period 250.00 contribution
s	UBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/1// (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ine name and add	areas or any political committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Murphy Badiga			Date of Receipt
Mailing Address 1503 S. Airport suite 6			0 9 2 0 2 0 1 0
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.12838
FEC ID number of contributing federal political committee.	C	76390	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Ms Susan Bajus			Date of Receipt
Mailing Address 5705 North 4th			0 8 1 3 Y Y Y Y Y
City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.12644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76304	50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼	- , ' '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Susan Bajus			Date of Receipt
Mailing Address 5705 North 4th			0 9 2 0 2 0 1 0
City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.12839 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70004	50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 177 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lan		07 22 2010
City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.12447 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76301	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lan	е	08 13 2010
City	State Zip Code	Transaction ID: SA11AI.12645
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lan	е	0 9 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12840
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	450.00	
CURTOTAL of Possints This Page (entional)		150.00

City	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ricardo Barrera Date of Receipt	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 420 Frio City State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer Self-employed Other (specify) ▼ City State Zip Code TX 78572 Name of Employer Self-employed Primary General Other (specify) ▼ City State Zip Code Transaction ID: SA11AI.12646 Amount of Each Receipt this Perior Contribution Contribution Date of Receipt Contribution Contribution Date of Receipt Transaction ID: SA11AI.12646 Amount of Each Receipt this Perior Contribution Contribution Date of Receipt Transaction ID: SA11AI.12646 Amount of Each Receipt Transaction ID: SA11AI.12646 Contribution Contribution Amount of Each Receipt Transaction ID: SA11AI.12646 Amount of Each Receipt Transaction ID: SA11AI.12646 Contribution Amount of Each Receipt Transaction ID: SA11AI.12646 Contribution	Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Transaction ID: SA11AI.12448 Amount of Each Receipt this Period 250.00
Ricardo Barrera Mailing Address 420 Frio City State Zip Code Transaction ID: SA11AI.12841 Amount of Each Receipt this Perio Cocupation physician Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.12841 Amount of Each Receipt this Perio Cocupation physician	Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12646 Amount of Each Receipt this Period 250.00
	Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12841 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) .	· • • • • • • • • • • • • • • • • • • •	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α .	Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12647 Amount of Each Receipt this Period 250.00 contribution
с.	Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		750.00

Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City State mcallen TX FEC ID number of contributing	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Sarojini Bose Mailing Address 7007 N 1st Lane City State TX FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Aggrega Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City State TX FEC ID number of contributing		
Sarojini Bose Mailing Address 7007 N 1st Lane City State mcallen TX FEC ID number of contributing		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-employed Occupate physici		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane City State mcallen TX FEC ID number of contributing federal political committee. Name of Employer self-employed Occupat physici Receipt For: Aggrega Other (specify) ▼ Aggrega		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		

	IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
or for c	ormation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full)	tatements may r name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
ВО	RDER HEALTH FEDERAL PAC			
	Name (Last, First, Middle Initial) ncisco Bracamontes			Date of Receipt
	ling Address 2005 Cimarron Court			07 22 2010
City mis	ssion	State TX	Zip Code 78572	Transaction ID: SA11AI.12451 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	10072	250.00
Nan self	ne of Employer -employed	Occupation physician		contribution
Rec	ceipt For: Primary General Other (specify)		/ear-to-Date ▼ 1750.00	
Fran	Name (Last, First, Middle Initial)	l		Date of Receipt
Maii 	ling Address 2005 Cimarron Court			08 13 2010
City	, ssion	State TX	Zip Code 78572	Transaction ID: SA11AI.12649
FEC	C ID number of contributing eral political committee.	C	16372	Amount of Each Receipt this Period 250.00
Nan self	ne of Employer -employed	Occupation physician		contribution
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 2000.00	
	Name (Last, First, Middle Initial) ncisco Bracamontes			Date of Receipt
Mail	ling Address 2005 Cimarron Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	, ssion	State TX	Zip Code 78572	Transaction ID: SA11AI.12844 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	10372	250.00
Nan self	ne of Employer -employed	Occupation physician		contribution
Rec	ceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
SUBT	OTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
	Mailing Address 2000 N. 8th Street		07 22 2010
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.12453
	FEC ID number of contributing federal political committee.	C 78301	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
- 3.	Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
	Mailing Address 2000 N. 8th Street		08 / 013 / 2010
	City	State Zip Code	Transaction ID: SA11AI.12651
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
. –	Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
	Mailing Address 2000 N. 8th Street		09 20 2010
	City	State Zip Code	Transaction ID: SA11AI.12846
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone Mailing Address 429 Umar City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78504 C Occupation doctor Aggregate Year-to-Date	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	1400.00	
Dr. Alejandro Bugnone Mailing Address 429 Umar City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation doctor Aggregate Year-to-Date 1600.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Alejandro Bugnone Mailing Address 429 Umar City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation doctor Aggregate Year-to-Date 1800.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional))	600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Desi Canals Mailing Address 1912 Trinity City	State Zip Code	Date of Receipt M
	Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 25.00
	Name of Employer Self employed Receipt For: Primary Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 225.00	contribution
В.	Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12457
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation private investor	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
с. С.	Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt
	Mailing Address P.O.Box 2673		08 13 2010
	City	State Zip Code	Transaction ID: SA11AI.12655
	mcallen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)		525.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 27/17/ (check only one)		
Any information copied from such Report or for commercial purposes, other than	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	<u> </u>	,			
Full Name (Last, First, Middle Initial) Alonzo Cantu			Date of Receipt		
Mailing Address P.O.Box 2673	0 9 2 0 2 0 1 0				
City		Zip Code	Transaction ID: SA11AI.12850		
mcallen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 250.00		
Name of Employer self-employed	Occupation private investo	or	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-				
Full Name (Last, First, Middle Initial) Carlos Cardenas	Date of Receipt				
Mailing Address 1000 N. Taylor	0 7 2 2 2 2 0 1 0				
City mcallen		Zip Code 78501	Transaction ID: SA11AI.12458		
FEC ID number of contributing federal political committee.	C	1 1 1 1	Amount of Each Receipt this Period 250.00		
Name of Employer self-employed	Occupation physician		contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1750.00			
Full Name (Last, First, Middle Initial) Carlos Cardenas	I		Date of Receipt		
Mailing Address 1000 N. Taylor	0 8 1 3 2 0 1 0				
City mcallen		Zip Code 78501	Transaction ID: SA11AI.12656		
FEC ID number of contributing federal political committee.	C	1 1 1 1	Amount of Each Receipt this Period 250.00		
Name of Employer self-employed	Occupation physician		contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 2000.00			
SUBTOTAL of Receipts This Page (or	tional)		750.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12851 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkwa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkwa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkwa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12852 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date 350.00	Date of Receipt M M 22 2010 Transaction ID: SA11Al.12462 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	350.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 177 (check only one) X
or for c	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Mari Mail City Edi FEC fede Nan self	Name (Last, First, Middle Initial) issa Castaneda ing Address 5021 Elk Lane Diburg CID number of contributing eral political committee. The of Employer employed Diburg Diburg Cidentification of the contributing eral political committee. Diburg Cidentification of the contributing eral political committee.	State TX C Occupation private in Aggregate		Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.12853 Amount of Each Receipt this Period 50.00 contribution
Aug Mail City mis FEC fede Nan self	Name (Last, First, Middle Initial) usto Castrillon ing Address 223 Rio Grande Drive	State TX C Occupation physician Aggregate	Zip Code 78572	Date of Receipt M M M 2 2 2 2 2 1 2 0 1 0 Transaction ID: SA11AI.12463 Amount of Each Receipt this Period 250.00 contribution
City mis FEC fede Nan self	Name (Last, First, Middle Initial) usto Castrillon ing Address 223 Rio Grande Drive Ssion C ID number of contributing eral political committee. The of Employer employed Septimary General Other (specify)	State TX C Occupation physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12659 Amount of Each Receipt this Period 250.00 contribution
SUBT	OTAL of Receipts This Page (optional)			550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12660 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 177 (check only one) X
	Ind Statements may not be sold or used by any persong the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Roa City	State Zip Code	0 9 2 0 2 0 1 0 Transaction ID: SA11AI.12855
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan		Date of Receipt
Mailing Address 1210 East 8th stre suite 1		07 22 7 2010
City	State Zip Code TX 78591	Transaction ID: SA11AI.12465
weslaco FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan		Date of Receipt
Mailing Address 1210 East 8th stre suite 1	et	0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco	State Zip Code TX 78591	Transaction ID: SA11AI.12661 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ratements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	State Zip Code	Date of Receipt M M
	weslaco FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2250.00	contribution
3.	Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey		Date of Receipt 0 9 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12857
	McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 25.00 contribution
	Name of Employer selfemployed	Occupation private investor	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) Dr. Virah Cooper		Date of Receipt
	Mailing Address 1801 South 5th Street	07 22 2010	
	City McAllen	State Zip Code TX 78503	Transaction ID: SA11AI.12467
	FEC ID number of contributing federal political committee.	C 76505	Amount of Each Receipt this Period 100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		375.00

ITEMIZED RE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34/17/ (check only one)
Any information copi or for commercial pu	ed from such Reports and sposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COM	· · · · · · · · · · · · · · · · · · ·		,,,	
Full Name (Last, Dr. Virah Cooper	First, Middle Initial)			Date of Receipt
Mailing Address	1801 South 5th Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City McAllen		State TX	Zip Code 78503	Transaction ID: SA11AI.12663 Amount of Each Receipt this Period
FEC ID number of federal political co		C	70000	100.00
Name of Employee self-employee	er	Occupatio physiciar		contribution
Receipt For: Primary Other (spec	General	 	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Virah Cooper				Date of Receipt
Mailing Address 1801 South 5th Street suite 7			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City McAllen		State TX	Zip Code 78503	Transaction ID: SA11AI.12858 Amount of Each Receipt this Period
FEC ID number of federal political co		C	1 0000	100.00
Name of Employee self-employee	er	Occupatio physiciar		contribution
Receipt For: Primary Other (spec	General	_ ' ' ' 	Year-to-Date ▼ 700.00	
Full Name (Last, Diana Cortinas	First, Middle Initial)			Date of Receipt
Mailing Address 1400 Northgate Lane			07 22 2010	
City mcallen		State TX	Zip Code 78504	Transaction ID: SA11AI.12468 Amount of Each Receipt this Period
FEC ID number of federal political co		C	70504	182.55
Name of Employed self-employed	er	Occupatio physiciar		contribution
Receipt For: Primary Other (spec	☐ General	1 ' ' '	Year-to-Date ▼ 1384.31	
	eipts This Page (optional) .	1		382.55

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or fo	information copied from such Reports and or commercial purposes, other than using the	Statements may e name and add	l not be sold or used by any persitess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
I \	IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
	full Name (Last, First, Middle Initial) Diana Cortinas			Date of Receipt
M	Mailing Address 1400 Northgate Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С	City	State	Zip Code	Transaction ID: SA11AI.12665
<u>n</u>	ncallen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		182.55
N s	lame of Employer elf-employed	Occupation physician		contribution
R	Receipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼ 1566.86	
	full Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address 1400 Northgate Lane			0 9 2 0 2 0 1 0
C	City	State	Zip Code	Transaction ID: SA11AI.12859
<u>n</u>	ncallen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		211.76
N s	lame of Employer elf-employed	Occupation physician		contribution
R	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1778.62	
	full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
N	Mailing Address 1224 Northgate Lane			07 / 22 / 2010
C	City	State	Zip Code	Transaction ID: SA11AI.12469
<u>n</u>	ncallen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		186.61
N s	lame of Employer elf-employed	Occupation physician		contribution
R	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1414.41	
	BTOTAL of Receipts This Page (optional) .			580.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1604.75	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1821.22	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		656.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12666 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 9 2 0 1 2 0 1 0 Transaction ID: SA11AI.12861 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1050.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· •	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1200.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		550.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
••	Mailing Address 2408 Dorado		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State Zip Code TX 78574	Transaction ID: SA11AI.12669
	FEC ID number of contributing federal political committee.	C 76374	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
 3.	Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado		Date of Receipt
	- Z400 Dorado		09 20 2010
	City	State Zip Code	Transaction ID: SA11AI.12864
	mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Carlos De Juana	1	Date of Receipt
	Mailing Address 1105 Zinnia		07 22 2010
	City	State Zip Code	Transaction ID: SA11Al.12473
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 125.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
	SUBTOTAL of Receipts This Page (optional) .		625.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Cupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cupation Date of Receipt Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Transaction ID: SA11Al 12865 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code TX 78504 FEC ID number of contributing federal political committee. City State Zip Code TX 78504 FEC ID number of contributing federal political committee. City State Zip Code TX 78504 FEC ID number of contributing federal political committee. City Primary General Other (specify) ▼ Cocupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code TX 78504 FEC ID number of contributing federal political committee. City Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12875 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12875 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12865 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al 12865 Transaction ID: SA11Al 12865	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt City McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer Pull Name (Last, First, Middle Initial) Jore Detail Contributing federal political committee. C City McAllen TX 78504 FUI Name (Last, First, Middle Initial) Dr. Carlos De Juana Mailing Address 1105 Zinnia City State Zip Code TX 750.00 Date of Receipt Countribution Date of Receipt Tansaction ID: SA11A.1128670 Amount of Each Receipt this Period City State Zip Code TX 750.00 Date of Receipt Tansaction ID: SA11A.1128670 Amount of Each Receipt this Period City State Zip Code TX 750.00 Transaction ID: SA11A.1128670 Transaction ID: SA11A.112870 Transaction ID: SA11A.1128770 Transaction ID: SA11A.1128770 Amount of Each Receipt this Period City State Zip Code TX Transaction ID: SA11A.1128770 Transaction ID: SA11A.1128770 Amount of Each Receipt this Period City Transaction ID: SA11A.1128770 Amount of Each Receipt this Period City Transaction ID: SA11A.1128770 Amount of Each Receipt this Period City Transaction ID: SA11A.1128770 Amount of Each Receipt this Period City Transaction ID: SA11A.1128770 Transaction ID: SA11A.112877	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Dr. Carlos De Juana Mailing Address 1105 Zinnia City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City State Zip Code TX 78504 Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City State Zip Code TX 78504 FEC ID number of contributing federal political committee. C State Zip Code TX 78504 FEC ID number of contributing federal political committee. C State Zip Code TX 78504 FEC ID number of contributing federal political committee. C State Zip Code TX 78504 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General TX 750.00	Dr. Carlos De Juana Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Transaction ID: SA11AI.12670 Amount of Each Receipt this Period 125.00
Mailing Address 120 Condor City State Zip Code Transaction ID: SA11Al.12475 Macallen TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Dr. Carlos De Juana Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12865 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)	Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12475 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1050.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 177 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may e name and addi	not be sold or used by any persectors of any political committee to	on for the purpose of soliciting contributions
∠ 4 .	Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th			Date of Receipt
	City Mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12672 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 1200.00	Contribution
_ 3.	Full Name (Last, First, Middle Initial) Luis Delgado, Jr. Mailing Address 5128 N. 10th			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12867
	Mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 150.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 1350.00	
- ;.	Full Name (Last, First, Middle Initial) Mr. Ted Disque	1		Date of Receipt
	Mailing Address 501 Iris			09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.12868
	McAllen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed	Occupation private inv		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)	1		325.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43/1// (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,	
Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
Mailing Address 1615 Palazzo			07 22 2010
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.12478 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75072	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Alberto Duran	 		Date of Receipt
Mailing Address 1615 Palazzo			0 8 1 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12674
mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
Mailing Address 1615 Palazzo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.12869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70372	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional			750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	tataments may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 177 (check only one) X
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	dress of any political committee to	os solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo Mailing Address 2411 Durango Drive			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12870
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 contribution
	Name of Employer selfemployed	Occupation private in		Contribution
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 225.00	
_ 3.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar			Date of Receipt
	Mailing Address 108 Yellow Hammer			07 22 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.12480
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
-).	Full Name (Last, First, Middle Initial) Kotthegal Eshwar			Date of Receipt
	Mailing Address 108 Yellow Hammer			0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12676
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 450.00	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11Al.12871 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12677 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	550.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation	Date of Receipt M M M D D D 2 0 1 0 Transaction ID: SA11AI.12872 Amount of Each Receipt this Period 250.00 contribution
	Receipt For: Primary Other (specify)	physician Aggregate Year-to-Date ▼ 2250.00	
3.	Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt 0 7 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12482
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1750.00	
	Full Name (Last, First, Middle Initial) Maria Elena Falcon	1	Date of Receipt
	Mailing Address 2212 Westway		08 / 13 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12678
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Maria Elena Falcon		Date of Receipt
Mailing Address 2212 Westway	Olds 7's Ords	09 20 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70004	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
Mailing Address 2309 W. Greenbriar	Square	07 22 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.12483
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
Mailing Address 2309 W. Greenbriar	Square	0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12679
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
		450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Alberto Felici		Date of Receipt
	Mailing Address 2309 W. Greenbriar S	quare	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.12874
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	
_	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		0 7 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12484
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	1750.00	
_	Full Name (Last, First, Middle Initial) Marco Flores	<u> </u>	Date of Receipt
	Mailing Address 320 Primrose		0 8 1 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12680
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2000.00	
Г			600.00

FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49/1// (check only one) X 11a
any information copied from such Reports and S r for commercial purposes, other than using the	tatements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Tiarrie and dat	areas of any political committee to	y donot continuations from dual continues.
Full Name (Last, First, Middle Initial) Marco Flores			Date of Receipt
Mailing Address 320 Primrose			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12875
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Cour	t		Date of Receipt 0 7 2 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12486
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00 contribution
Name of Employer selfemployed	Occupation private in		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin			Date of Receipt
Mailing Address 3212 Nightingale Cour	t		0 8 1 3 2 0 1 0
City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.12682 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78504	50.00
Name of Employer selfemployed	Occupation private in		contribution
Receipt For: Primary General Other (specify) ▼	_ ' '	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 177 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Cou	ırt	Date of Receipt 0 9 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12877
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.12487
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		0 8 1 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12683
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SURTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12878 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12684 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional) .		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the (crieck only one)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
\ \ .	Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road		Date of Receipt 0 9 2 0 2 0 1 0
	City Mission	State Zip Code TX 78574	Transaction ID: SA11AI.12879 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation	250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼	0.00
3.	Full Name (Last, First, Middle Initial) Ms Anna Garza Mailing Address 3212 S Boyce Circle		Date of Receipt 0 9 2 0 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12881
	<u>Donna</u>	TX 78557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 contribution
	Name of Employer selfemployed	Occupation private investor	CONTRIBUTION
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00
	Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
	Mailing Address 5404 N. 1st street		07 22 YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.12492
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
	SUBTOTAL of Receipts This Page (optional)		525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation self-employee physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 22 2010 Transaction ID: SA11AI.12491 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		625.00

or for commercial purposes, ot NAME OF COMMITTEE (I BORDER HEALTH FEI Full Name (Last, First, Middon Dr. Ayda Garza-Montalvo Mailing Address 2311 S City Palmhurst FEC ID number of contributed federal political committee. Name of Employer selfemployed Receipt For:	ner than using the name and add not Full) DERAL PAC lle Initial) Ivardo North State TX ing Occupation self-emponental	Zip Code 78539	Date of Receipt Date of Receipt
Full Name (Last, First, Middon Dr. Ayda Garza-Montalvo Mailing Address 2311 S City Palmhurst FEC ID number of contribut federal political committee. Name of Employer selfemployed Receipt For: Primary Ger	DERAL PAC le Initial) Ivardo North State TX ing C Occupation Self-employee Aggregat Occupation Aggregat Occupation Aggregat Occupation Aggregat Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupation Occupati	78539 on oloyee physician e Year-to-Date ▼ 625.00	Transaction ID: SA11AI.12688 Amount of Each Receipt this Period 125.00
Dr. Ayda Garza-Montalvo Mailing Address 2311 S City Palmhurst FEC ID number of contributed federal political committee. Name of Employer selfemployed Receipt For: Primary Ger	Ivardo North State TX ing Occupation self-emp Aggregat	78539 on oloyee physician e Year-to-Date ▼ 625.00	Transaction ID: SA11AI.12688 Amount of Each Receipt this Period 125.00
City Palmhurst FEC ID number of contribut federal political committee. Name of Employer selfemployed Receipt For: Primary Ger	State TX ing C Occupation self-emp Aggregat	78539 on oloyee physician e Year-to-Date ▼ 625.00	Transaction ID: SA11AI.12688 Amount of Each Receipt this Period 125.00
Palmhurst FEC ID number of contributederal political committee. Name of Employer selfemployed Receipt For: Primary Ger	TX ing Occupation self-emp Aggregat	78539 on oloyee physician e Year-to-Date ▼ 625.00	Amount of Each Receipt this Period 125.00
FEC ID number of contributed federal political committee. Name of Employer selfemployed Receipt For: Primary Ger	Occupation self-empt Aggregate	on oloyee physician e Year-to-Date ▼	125.00
Receipt For: Primary Ger	self-emp Aggregat	oloyee physician e Year-to-Date ▼ 625.00	contribution
Primary Ger	Aggregat	e Year-to-Date ▼ 625.00	
Other (specify)	le Initial)		
Full Name (Last, First, Midd Dr. Ayda Garza-Montalvo			Date of Receipt
Mailing Address 2311 S			09 20 2010
City	State	Zip Code	Transaction ID: SA11AI.12883
<u>Palmhurst</u>	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	C		125.00 contribution
Name of Employer selfemployed		loyee physician	Contribution
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Midd Lawrence Gelman	lle Initial)		Date of Receipt
	undown Drive		07 22 7 2010
City	State	Zip Code	Transaction ID: SA11AI.12493
mcallen FEC ID number of contributed federal political committee.	ing TX	78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physicia		contribution
Receipt For: Primary Ger Other (specify) ▼		e Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This	Page (optional)		500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D V Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12689 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1344.70	Date of Receipt M M M 2 2 2 2 2 0 1 0 Transaction ID: SA11AI.12494 Amount of Each Receipt this Period 176.94 contribution
SUBTOTAL of Receipts This Page (optional)		676.94

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 56 / 177 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Robert Genovese			Date of Receipt
Mailing Address 2208 Summer Breeze)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12690
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		180.48
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:		Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	Aggregate	1525.18	
Full Name (Last, First, Middle Initial) Robert Genovese			Date of Receipt
Mailing Address 2208 Summer Breeze)		09 20 2010
City	State	Zip Code	Transaction ID: SA11AI.12885
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		205.25
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1730.43	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett	1		Date of Receipt
Mailing Address 54 South 10th			07 22 YYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.12495
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer self-employee	Occupation physiciar		contribution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	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 57 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 700.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 700.00	Date of Receipt O 7
SUBTOTAL of Receipts This Page (optional) .	·····	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 800.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 900.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Marco Gomez Mailing Address 2705 Biltmore City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date 225.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		225.00

Any information copied from such Reports and S		13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1707.69	Date of Receipt M M
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1957.69	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12696 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		525.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 177 (check only one) X
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive			Date of Receipt
	City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.12891 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C	1	250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician		
_ 3.	Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago			Date of Receipt 0 7 2 2 2 2 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12501
	edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For:	Occupation private in	vestor	contribution
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00	
_).	Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12697
	edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

Any information copi			for each category of the Detailed Summary Page	(check only one) X 11a
or for commercial pu	rposes, other than using the	tatements may name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEA	LTH FEDERAL PAC			
Full Name (Last, Jaime Gonzalez	First, Middle Initial)			Date of Receipt
	3511 Plazas del Lago	09 20 7 2010		
City <u>edinburg</u>		State TX	Zip Code 78539	Transaction ID: SA11AI.12892
FEC ID number of federal political co		C	1000	Amount of Each Receipt this Period 250.00
Name of Employed selfemployed	er	Occupation private in		contribution
Receipt For: Primary Other (spec	General		Year-to-Date ▼ 2250.00	
Juan Gonzalez-Die				Date of Receipt
Mailing Address	Mailing Address 1501 Meadwood			07 22 2010
City		State	Zip Code	Transaction ID: SA11AI.12498
weslaco FEC ID number of federal political co		C	78596	Amount of Each Receipt this Period 250.00
Name of Employed self-employed	er	Occupation physician		contribution
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 1750.00	
Full Name (Last, Juan Gonzalez-Die	First, Middle Initial) ckson			Date of Receipt
Mailing Address	1501 Meadwood			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco		State TX	Zip Code	Transaction ID: SA11AI.12698
FEC ID number of federal political co		C	78596	Amount of Each Receipt this Period 250.00
Name of Employed self-employed	Name of Employer Self-employed Occupation physician			contribution
Receipt For: Primary Other (spec	General		Year-to-Date ▼ 2000.00	
SUBTOTAL of Rec	eipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 7 22 2010 Transaction ID: SA11AI.12503 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1991.47	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63/1/7 (check only one)
Any or fo	r information copied from such Reports and St or commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
1	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt
-	Mailing Address 1700 E. Mile 3 Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.12894 Amount of Each Receipt this Period
-	FEC ID number of contributing rederal political committee.	C	70074	250.00
- 1 :	Name of Employer selfemployed	Occupatio physiciar		contribution
Ī	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 2241.47	
	Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
-	Mailing Address 905 Inspiratin Drive	0 7 2 2 2 2 0 1 0		
	City	State TX	Zip Code	Transaction ID: SA11AI.12504
-	pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 250.00
- 1 :	Name of Employer Selfemployed Occupation physicial Physicia Physicia Physicial Physicia Physicia Physicia Physicia Physicia Physicia Physicia Phys			contribution
Ī	Receipt For: Primary General Other (specify) ▼	1	e Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt
-	Mailing Address 905 Inspiratin Drive			0 8 1 3 2 0 1 0
	City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.12700
Ī	FEC ID number of contributing rederal political committee.	C	76577	Amount of Each Receipt this Period 250.00
ī :	Name of Employer selfemployed	Occupatio physiciar		contribution
Ī	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
	IBTOTAL of Receipts This Page (optional)			750.00

ITEMIZED RE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64/1// (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copior for commercial pu	ed from such Reports and irposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COM	<u> </u>			
Full Name (Last, Enrique Griego	First, Middle Initial)			Date of Receipt
Mailing Address	905 Inspiratin Drive	0 9 2 0 2 0 1 0		
City		State	Zip Code	Transaction ID: SA11Al.12895
pharr		TX	78577	Amount of Each Receipt this Period
FEC ID number of federal political c		C		250.00
Name of Employed selfemployed	er	Occupatio physiciar		contribution
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 2250.00	
Full Name (Last, John Guerra	First, Middle Initial)			Date of Receipt
Mailing Address 3105 Forest Court				07 DD / YYYYY 22 2010
City		State	Zip Code	Transaction ID: SA11AI.12506
mission		TX	78572	Amount of Each Receipt this Period
FEC ID number of federal political c		C		100.00
Name of Employed selfemployed	er	Occupatio physiciar		contribution
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General cify) ▼		700.00	
Full Name (Last, John Guerra	First, Middle Initial)			Date of Receipt
Mailing Address	3105 Forest Court			08 13 2010
City		State	Zip Code	Transaction ID: SA11AI.12701
mission		TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Occupation physicial			100.00
				contribution
Receipt For:	Conorel	Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General cify) ▼		800.00	
				450.00

Any information copied from such Reports and Statements may not be add or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) John Guerra Mailing Address 3105 Forest Court City State PEC ID number of contributing federal political committee. PC In number of contributing federal political committee. PC In number of contributing federal political committee. PC In number of contributing federal political committee. PFUI Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City State PC In number of contributing federal political committee. PC In number of contributing f	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt Date of R	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code Transaction ID: SA11AI.12507 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11AI.12507 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AI.12702 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Cannot of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Selfemployer Selfemployer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Cannot of Each Receipt this Period Contribution	John Guerra Mailing Address 3105 Forest Court City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 900.00	Transaction ID: SA11AI.12896 Amount of Each Receipt this Period
Marcy Guerra Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Date of Receipt Name of Receipt Transaction ID: SA11AI.12702 Amount of Each Receipt this Period Cocupation physician Aggregate Year-to-Date ▼ 2000.00	Marcy Guerra Mailing Address 13337 Borolo Drive City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12507 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Marcy Guerra Mailing Address 13337 Borolo Drive City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12702 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
•	Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City edinburg	State Zip Code TX 78541	Transaction ID: SA11AI.12897 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date	contribution
_	Other (specify) ▼	2250.00	
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street		Date of Receipt 0 7 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12508
	weslaco	TX 78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	212.62
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1550.26	
	Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt
	Mailing Address 1402 E. 8th Street		08 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.12703 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	212.62
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1762.88	
	SUBTOTAL of Receipts This Page (optional)		675.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 2009.52	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	746.64

	LE A (FEC Form 3X RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68/1/7 (check only one)
Any information or for commerc	copied from such Reports and ial purposes, other than using the	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF C	COMMITTEE (In Full) HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (I Alberto Gutie	_ast, First, Middle Initial)			Date of Receipt
Mailing Add		0 9 2 0 2 0 1 0		
City		State	Zip Code	Transaction ID: SA11AI.12900
	nber of contributing cal committee.	C	78539	Amount of Each Receipt this Period 250.00
Name of Em	nployer d	Occupatio physiciar		contribution
Receipt For: Primal Other			e Year-to-Date ▼ 2250.00	
Full Name (I	_ast, First, Middle Initial)			Date of Receipt
Mailing Address 511 N. Depot Road				07 22 2010
City edinburg		State TX	Zip Code 78541	Transaction ID: SA11AI.12511 Amount of Each Receipt this Period
FEC ID num	nber of contributing cal committee.	C	70041	250.00
Name of Em	iployer d	Occupatio physiciar		contribution
Receipt For: Primal Other			Year-to-Date ▼ 1750.00	
Full Name (I	_ast, First, Middle Initial)			Date of Receipt
Mailing Add				0 8 1 3 2 0 1 0
City edinburg		State TX	Zip Code 78541	Transaction ID: SA11AI.12706 Amount of Each Receipt this Period
FEC ID num	nber of contributing cal committee.	C	70071	250.00
Name of Em	nployer d	Occupatio physiciar		contribution
Receipt For: Primal Other			Year-to-Date ▼ 2000.00	
CUPTOTAL	f Receipts This Page (optional)	<u> </u>		750.00

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12901 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City	State Zip Code	Date of Receipt M M
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
	Primary General Other (specify) ▼	2250.00	
В.	Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235		Date of Receipt
			07 22 2010
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12513
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation physician assistant	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
C.	Full Name (Last, First, Middle Initial) Anna Lisa Guzman		Date of Receipt
	Mailing Address P.O. Box 720235		0 8 1 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12708
	McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation physician assistant	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)		350.00
	TOTAL This Period (last page this line number		<u> </u>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
BORDER HEALTH FEDERAL PAC	;		
Full Name (Last, First, Middle Initial) Anna Lisa Guzman		Date of Receipt	
Mailing Address P.O. Box 720235	7.01	09 20 2010	
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12903	
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period 50.00	
Name of Employer selfemployed	Occupation physician assistant	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman	1	Date of Receipt	
Mailing Address 2308 Highway 83 s	Mailing Address 2308 Highway 83 suite f		
City	State Zip Code	Transaction ID: SA11AI.12514	
<u>Penitas</u>	TX 78573	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00 contribution	
Name of Employer self-employee	Occupation physician	Contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman		Date of Receipt	
Mailing Address 2308 Highway 83 s	uite f	08 / 13 / Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.12709	
<u>Penitas</u>	TX 78573	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00 contribution	
Name of Employer self-employee	Occupation physician	Continuation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional	al)	150.00	
	aber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sum	e schedule(s) egory of the	OR LINE NUMBER: PAGE 72 / 177 check only one) X 11a 11b 11c 12 13 14 15 16 17
or 1	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or u name and address of any polit	ised by any person fo ical committee to soli	r the purpose of soliciting contributions cit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite City Penitas FEC ID number of contributing	f State Zip Code TX 78573		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date		contribution
3.	Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sout	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503		Transaction ID: SA11AI.12515 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date		contribution
).	Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sout	1		Date of Receipt
	City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	-	Transaction ID: SA11AI.12710 Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	2000.00	
SI	JBTOTAL of Receipts This Page (optional))	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive So		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12905
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12516
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
Mailing Address 701 South J		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78501	Transaction ID: SA11AI.12711
FEC ID number of contributing federal political committee.	C 78901	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		400.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page FOR LINE NUMBER: PAGE /4/1// (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or	used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	<u> </u>	
Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
Mailing Address 701 South J		09 20 2010
City	State Zip Code	Transaction ID: SA11AI.12906
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	675.00
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12517
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date	▼
Primary General Other (specify) ▼		829.55
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		0 8 1 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12712
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date	▼
Primary General Other (specify) ▼		929.55
		275.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 177 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78501 C Occupation private investor	Date of Receipt M M M D D D 2 0 1 0 Transaction ID: SA11AI.12907 Amount of Each Receipt this Period 100.00 contribution 100.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1029.55	
Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street		Date of Receipt 0 9 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12908
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer self-employed	Occupation private investor	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Ms Monica Hensler		Date of Receipt
Mailing Address 3414 Princess Street		09 20 2010
City	State Zip Code	Transaction ID: SA11AI.12909
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 177 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Dr #40 Villas Jardin	rive		Date of Receipt 0 7 2 2 2 2 0 1 0
City mcallen FEC ID number of contributing	State TX	Zip Code 78503	Transaction ID: SA11AI.12521 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation physician		contribution
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Dr #40 Villas Jardin City	rive	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate		Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Dr #40 Villas Jardin City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y O 9
mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		contribution
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		07 22 7 2010
City <u>pharr</u>	State Zip Code TX 78577	Transaction ID: SA11AI.12505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Maria Hoffman	1	Date of Receipt
Mailing Address 802 Inspiration Road		0 8 1 3 Y Y Y Y Y
City pharr	State Zip Code TX 78577	Transaction ID: SA11AI.12717
FEC ID number of contributing federal political committee.	C 76377	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Maria Hoffman	I	Date of Receipt
Mailing Address 802 Inspiration Road		09 20 7 2010
City	State Zip Code	Transaction ID: SA11AI.12912
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 79 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or name and address of any pol	used by any persor litical committee to s	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein			Date of Receipt
Mailing Address 800 East Dove suite L			07 22 7 2010
City <u>McAllen</u>	State Zip Code TX 78504		Transaction ID: SA11AI.12522 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1	164.12
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	932.21	
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein	L		Date of Receipt
Mailing Address 800 East Dove suite L			0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504		Transaction ID: SA11AI.12718 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78304		167.40
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1099.61	
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein	l		Date of Receipt
Mailing Address 800 East Dove suite L			09 / 20 / Y Y Y Y
City McAllen	State Zip Code TX 78504		Transaction ID: SA11AI.12913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78304	1	190.38
Name of Employer self-employee	Occupation physician		- contribution
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date	1289.99	
SUBTOTAL of Receipts This Page (optional)	1	·····	521.90
TOTAL This Period (last page this line 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 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.12719 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		150.00

City mission TX 78572 FEC ID number of contributing federal political committee. C C Cocupation physician Receipt For: Primary General Other (specify) ▼	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 204 Rio Grande City State Zip Code TX 78572 Amount of Each Receipt T35 0.00	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Vincent Honrubia Mailing Address 204 Rio Grande	Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Transaction ID: SA11AI.12524 Amount of Each Receipt this Period 250.00
Mailing Address 204 Rio Grande City State Zip Code Transaction ID: SA11AI.12915 Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.12915 Amount of Each Receipt this Period Contribution Contribution	Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12720 Amount of Each Receipt this Period 250.00
750.00	Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12915 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 177 (check only one) X
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	itatements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Phil Hunke Mailing Address 505 East Newport Land	e		Date of Receipt 0 7 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12525
	McAllen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 125.00
	Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		contribution
3.	Full Name (Last, First, Middle Initial) Dr. Phil Hunke Mailing Address 505 East Newport Land	e		Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12721
	McAllen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 contribution
	Name of Employer self-employee	Occupation physician		Contribution
	Receipt For: Primary General Other (specify)	, , , ,	Year-to-Date ▼ 750.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Phil Hunke			Date of Receipt
	Mailing Address 505 East Newport Land	е		09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.12916
	McAllen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 125.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼ 875.00	
	SUBTOTAL of Receipts This Page (optional)			375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12918 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / 22 / 2010 Transaction ID: SA11AI.12528 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	· ······	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85/17/ (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		· · ·	
Full Name (Last, First, Middle Initial) Gholam Kiani			Date of Receipt
Mailing Address 213 e. Xenops			08 13 2010
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70004	250.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Gholam Kiani			Date of Receipt
Mailing Address 213 e. Xenops			0 9 2 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12920
mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz			Date of Receipt
Mailing Address 5111 N. 10th Street	t		0 7 2 2 2 0 1 0
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12531
FEC ID number of contributing federal political committee.	C	78304	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Alejandro Kudisch Mailing Address 323 Nightingale City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physcian Aggregate Year-to-Date 1750.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87/17/ (check only one)
Any information copied from	m such Reports and Statements ma	ay not be sold or used by any person ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE BORDER HEALTH	E (In Full)	,,,	
Full Name (Last, First, I Alejandro Kudisch	Middle Initial)		Date of Receipt
	Nightingale		08 13 2010
City	State	Zip Code	Transaction ID: SA11AI.12728
mcallen FEC ID number of cont federal political committed		78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physcian		contribution
Receipt For: Primary Other (specify)	General Aggregat	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, I	Middle Initial)		Date of Receipt
	Nightingale		0 9 2 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12922
mcallen FEC ID number of cont		78504	Amount of Each Receipt this Period 250.00
federal political committ	00.		contribution
Name of Employer selfemployed	Occupation physcian		Contribution
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 2250.00	
Full Name (Last, First, I	Middle Initial)		Date of Receipt
	Box 522-K		0 7 2 2 2 0 1 0
City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.12533
FEC ID number of cont federal political committ	ributing	10000	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physicia		contribution
Receipt For: Primary Other (specify)	General Aggregat	e Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts			750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 177 (check only one) X 11a
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	riot be sold of used by any pers dress of any political committee to	os solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K	State	Zip Code	Date of Receipt 0 8 1 3 2 0 1 0
	City weslaco	TX	78596	Transaction ID: SA11AI.12729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000	250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate		contribution
— В.	Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12923
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00	
-).	Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip			Date of Receipt
	City	State	Zip Code	0 7 2 2 2 0 1 0 Transaction ID: SA11AI.12534
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

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 confributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Ramino Loal Mailing Address 601 Tullip City State Zip Code Transaction ID: SA11A1.1273A Amount of Each Receipt brine Period FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ 2000.00 Contribution Date of Receipt Transaction ID: SA11A1.12924 Amount of Each Receipt brine Period Transaction ID: SA11A1.12924 Amount of Each Receipt brine Period Transaction ID: SA11A1.12924 Amount of Each Receipt brine Period FEC ID number of contributing federal political committee. Cupation Primary General Other (specify) ▼ 2250.00 Full Name (Last, First, Middle Initial) Date Unable of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2250.00 Date of Receipt Transaction ID: SA11A1.12924 Amount of Each Receipt brine Period Transaction ID: SA11A1.12924 Transaction ID: SA11A1.12924 Amount of Each Receipt brine Period Transaction ID: SA11A1.12924 Transaction ID: SA11A1.12924 Transaction ID: SA11A1.12934 Transaction ID: SA11A1.12934 Transaction ID: SA11A1.12934 Transaction ID: SA11A1.12934 Transaction ID: SA11A1.12935 Amount of Each Receipt brine Period Transaction ID: SA11A1.12935 Transaction ID: SA11A1.12936 T	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ramiro Leal Mailing Address 601 Tulip State Zip Code Transaction ID: SA11AL12730 Amount of Each Receipt this Period	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Malling Address 601 Tulip City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ City State Zip Code TX 78504 Amount of Each Receipt this Period Cocupation physician Receipt For: Primary General Other (specify) ▼ City State Zip Code TX 78504 Amount of Each Receipt this Period Contribution Date of Receipt Foring Amount of Each Receipt this Period Contribution Date of Receipt Ton transaction ID: SA11AI.12924 Amount of Each Receipt Ton Transaction ID: SA11AI.12536 Transaction ID: SA11AI.12536 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-employed Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General T750.00	Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID: SA11AI.12730 Amount of Each Receipt this Period 250.00
Date of Receipt Mailing Address 901 West 9th Street #405 City State Zip Code austin TX 78703 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 7 22 2 2 1 2 0 1 0 Transaction ID: SA11AI.12536 Amount of Each Receipt this Period Contribution Contribution	Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12924 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78703 C Occupation private investor Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12536 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	2000.00	
Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M D D 2 0 2 0 1 0
Full Name (Last, First, Middle Initial) Ms Lisa Longoria Mailing Address 716 South Excalibur S City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Ms Lisa Longoria Mailing Address 716 South Excalibur 9	Stroot	Date of Receipt
City	State Zip Code	0 8 1 3 2 0 1 0 Transaction ID: SA11AI.12733
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 300.00	contribution
Full Name (Last, First, Middle Initial) Ms Lisa Longoria Mailing Address 716 South Excalibur S	Street	Date of Receipt 0 9 2 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12927
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
Name of Employer self-employee	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria	'	Date of Receipt
Mailing Address 32243 Road 83		07 22 7 2010
City San Benito	State Zip Code TX 78586	Transaction ID: SA11AI.12538 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		150.00

ITEMIZ	ULE A (FEC Form 3X) ED RECEIPTS	ratements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for comn	nercial purposes, other than using the DF COMMITTEE (In Full) ER HEALTH FEDERAL PAC	name and add	dress of any political committee to	os solicit contributions from such committee.
Mr. Rola	ne (Last, First, Middle Initial) ndo Longoria Address 32243 Road 83	State	Zip Code	Date of Receipt 0 8 1 3 7 2 0 1 0 Transaction ID: SA11AI.12734
	enito number of contributing political committee.	TX C	78586	Amount of Each Receipt this Period 50.00
Receipt	f Employer loyed For: imary General ther (specify) ▼	Occupation private in Aggregate		contribution
Mr. Rola	ne (Last, First, Middle Initial) ndo Longoria Address 32243 Road 83			Date of Receipt 0 9 2 0 2 0 1 0
	enito number of contributing political committee.	State TX	Zip Code 78586	Transaction ID: SA11AI.12928 Amount of Each Receipt this Period 50.00
Name of selfemp	f Employer loyed	Occupation private in Aggregate		contribution
Full Nan Alfredo L Mailing	•			Date of Receipt 0 7 2 2 2 2 1 0
City mcalle	n	State TX	Zip Code 78504	Transaction ID: SA11AI.12539 Amount of Each Receipt this Period
	number of contributing political committee.	C		50.00
selfemp	·	Occupation	1	contribution
	ror: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 950.00	
SUBTOTA	AL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Z D D
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1050.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
\ C	any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt
	Mailing Address 1311 6th E. Street			08 13 2010
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.12736 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1976.06	
_	Full Name (Last, First, Middle Initial) Julio Lopez			Date of Receipt
	Mailing Address 1311 6th E. Street			09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.12930
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2226.06	
_	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano			Date of Receipt
	Mailing Address 2309 Spicewood Drive	Э		09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.12931
	Weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)	1		525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court E City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M D D Z Z D 1 D
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court E City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court E City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M D D Z Z Z D 1 0
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12740 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12934 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M D D Z Z Z D D
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M D D D 2 2 2 0 1 0
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
•	Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia		Date of Receipt
			07 22 2010
	City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.12547 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt
	Mailing Address 2809 Santa Lydia		0 8 1 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12743
	Mission FEO ID and the street of the street	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer self-employee	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt
	Mailing Address 2809 Santa Lydia		0 9 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12937
	Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional) .	1	300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 177 (check only one) X 11a 11b 11c 12
	i i	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12548
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12744
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca		0 9 / 2 0 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.12938
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2250.00	
		L

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ratements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt M M M
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
3.	Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	Amount of Each Receipt this Period 250.00 contribution
	Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 2000.00	
- :.	Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12940
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)	······································	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Kimberely McNutt Mailing Address 7716 N. 27th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 225.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 22 2010 Transaction ID: SA11AI.12552 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		525.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 177 (check only one) X
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		1
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street		Date of Receipt
City	State Zip Code	0 9 2 0 2 0 1 0 Transaction ID: SA11AI.12942
mcallen FEC ID number of contributing	TX 78501	Amount of Each Receipt this Period 250.00
federal political committee.	Occupation	contribution
Name of Employer selfemployed Receipt For:	physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
Mailing Address 3002 Santa Susana		07 22 7 2010
City	State Zip Code TX 78572	Transaction ID: SA11AI.12553
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
Mailing Address 3002 Santa Susana		0 8 1 3 Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
\	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12943 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼	contribution 50.00
3.	Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12554
	Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 75.00
	Name of Employer	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	50.00
	Full Name (Last, First, Middle Initial) Scott Meyer		Date of Receipt
	Mailing Address 2100 School Lane		08 / 13 / 2010
	City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.12750 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	75.00
	Name of Employer	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	25.00
	SUBTOTAL of Receipts This Page (optional)		400.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane		Date of Receipt 0 9 2 0 2 0 1 0
	City Mission	State Zip Code TX 78572	Transaction ID: SA11AI.12944 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	75.00 contribution
	Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Carlos Mohamed Mailing Address 5408 N. Cynthia		Date of Receipt 0 7 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12556
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
C.	Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr. Mailing Address 2821 Michael Angelo		Date of Receipt
	City	State Zip Code	0 7 2 2 2 1 0 1 0 Transaction ID: SA11Al.12557
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional)		425.00
	TOTAL This Period (last page this line 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 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Carlos Mohamed		Date of Receipt
Mailing Address 5408 N. Cynthia		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12751 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76304	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Ed</u> inburg	State Zip Code TX 78539	Transaction ID: SA11AI.12752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Carlos Mohamed	<u> </u>	Date of Receipt
Mailing Address 5408 N. Cynthia		09 20 7 2010
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12945
FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2250.00	
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 108 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person rame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos N Mohamed, Jr. Mailing Address 2821 Michael Angelo City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 900.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt 0 7 2 2 2 2 2 0 1 0 Transaction ID: SA11AI.12558 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1400.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12947 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		700.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 177 (check only one) X 11a
4	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Carlos Morales		Date of Receipt
	Mailing Address 3325 Kent Lane		09 / 20 / 2010
	City <u>mcallen</u>	State Zip Code TX 78503	Transaction ID: SA11AI.12948 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2250.00	
_	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12560
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1750.00	
	Full Name (Last, First, Middle Initial) Leonel Moreno	I	Date of Receipt
	Mailing Address 1608 Woods Drive		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12755 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	350.00

SCHEDULE A (FEC FOITTEMIZED RECEIPTS	rm 3X) Use separate so for each categor Detailed Summa	ry of the
Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Ful BORDER HEALTH FEDER	nan using the name and address of any politica	d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle In Lauren Naylor Mailing Address 3020 Meline City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	tial)	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12950 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle In Dr. Victor Ogunlana Mailing Address 2604 Santa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	•	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle In Dr. Victor Ogunlana Mailing Address 2604 Santa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	,	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Pag	e (optional)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sc for each categor Detailed Summa	y of the	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.	
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt	
Mailing Address 2604 Santa Teresa		09 20 2010	
City <u>Mission</u>	State Zip Code TX 78572	Transaction ID: SA11AI.12951 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer self-employed	Occupation doctor	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira		Date of Receipt	
Mailing Address 9917 Bentsen Road			
City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12563 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	700.00	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira		Date of Receipt	
Mailing Address 9917 Bentsen Road		0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.12758	
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		250.00	
TOTAL This Period (last page this line number of	nly)		

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and Si	tatemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road			Date of Receipt Date of Receipt 0 9 2 0 2 0 1 0
	City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.12952 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate		contribution
3.	Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip			Date of Receipt 0 7 2 2 2 2 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12564
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12759
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physiciar		contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	I		600.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	for ea Detai	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 115 / 177 (check only one) X
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of	any political committee to s	solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip			Date of Receipt 0 9 2 0 2 0 1 0
	City mcallen	State Zip	Code 504	Transaction ID: SA11AI.12953 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-	Date ▼ 2250.00	
- З.	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive			Date of Receipt 0 7 2 2 2 0 1 0
	City	•	Code	Transaction ID: SA11AI.12565
	Mission FEC ID number of contributing federal political committee.	TX 788	572	Amount of Each Receipt this Period 50.00
	Name of Employer self-employee	Occupation private investor		contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-	300.00	
-).	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive			Date of Receipt 0 8 1 3 2 0 1 0
	City		Code	Transaction ID: SA11AI.12760
	Mission FEC ID number of contributing federal political committee.	TX 785	572	Amount of Each Receipt this Period 50.00
	Name of Employer self-employee	Occupation private investor		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			350.00

IT I	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 177 (check only one) X
<u> </u>	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and addi	ess of any political committee to	o solicit contributions from such committee.
١.	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive			Date of Receipt
	Walling Address Too I Sepastian Drive			09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.12954
	Mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 50.00
	Name of Employer self-employee	Occupation private inv		contribution
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 400.00	
— 3.	Full Name (Last, First, Middle Initial) Fernando Otero			Date of Receipt
	Mailing Address 121 E. Quamasia #148			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12566
	mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1750.00	
	Full Name (Last, First, Middle Initial) Fernando Otero	l		Date of Receipt
	Mailing Address 121 E. Quamasia #148			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code	Transaction ID: SA11AI.12761
	FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2000.00	
SI	JBTOTAL of Receipts This Page (optional)	<u> </u>		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 117 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 525.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12762 Amount of Each Receipt this Period 75.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	400.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 0 9 2 0 2 0 1 0 Transaction ID: SA11AI.12956 Amount of Each Receipt this Period 75.00 contribution
Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78540 C Occupation private investor Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y 0 7 2 2 2 2 0 1 0 Transaction ID: SA11AI.12568 Amount of Each Receipt this Period 50.00 contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78540 C Occupation private investor Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 1 3 2 0 1 0 Transaction ID: SA11Al.12763 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		175.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78540 C Occupation private investor Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.12957 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 3 2 0 1 0 Transaction ID: SA11AI.12764 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	550.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 177 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
Α.	Full Name (Last, First, Middle Initial) Prakash Palimar			Date of Receipt
	Mailing Address 121 Canary			09 / 20 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.12958
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	+ +	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2250.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
	Mailing Address 24399 Dillworth Road			07
	City	State	Zip Code	Transaction ID: SA11AI.12570
	<u>Harlingen</u>	TX	78552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		875.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
	Mailing Address 24399 Dillworth Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12765
	<u>Harlingen</u>	TX	78552	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:	1 1 1 1	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Γ	CURTOTAL Af Provider This Provider In			500.00
-	SUBTOTAL of Receipts This Page (optional)		<u> </u>	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may re e name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares			Date of Receipt
Mailing Address 24399 Dillworth Road			0 9 2 0 2 0 1 0
City Harlingen	State TX	Zip Code 78552	Transaction ID: SA11AI.12959 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12571
McAllen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 150.00
Name of Employer Self-employed	Occupation physcian		contribution
Receipt For: Primary General Other (specify) ▼	, I' -	/ear-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Eduardo Peguero			Date of Receipt
Mailing Address P.O.Box 5959			08 13 7 9 9 9
City McAllen	State TX	Zip Code 78502	Transaction ID: SA11AI.12766 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-employed	Occupation physcian		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)			425.00
TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State Zip Code TX 78502	Transaction ID: SA11AI.12960
	FEC ID number of contributing federal political committee.	C 78502	Amount of Each Receipt this Period 150.00
	Name of Employer Self-employed	Occupation physcian	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
В.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris		Date of Receipt
	Maining Address 3716 Tights		07 22 2010
	City	State Zip Code	Transaction ID: SA11Al.12572
	Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
C.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
	Mailing Address 3716 Tigris		08 13 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.12767
	Edinburg	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)		250.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 177 (check only one) X 11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
•	Mailing Address 3716 Tigris		0 9 2 0 / Y Y Y Y Y
	City <u>Edinburg</u>	State Zip Code TX 78539	Transaction ID: SA11AI.12961 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer self-employed	Occupation doctor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
_	Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
	Mailing Address 100 Bluebird		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.12573
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
_	Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
	Mailing Address 100 Bluebird		0 8 1 3 2 0 1 0
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12768 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .		550.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird			Date of Receipt
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12962 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer selfemployed	C	n	250.00 contribution
	Receipt For: Primary General Other (specify)	physiciar Aggregate	e Year-to-Date ▼ 2250.00	
- 3.	Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court			Date of Receipt 0 7 2 2 2 2 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12574
	pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupatio private in	nvestor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
- :.	Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12769
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 contribution
	Name of Employer self-employed	Occupatio private in	nvestor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 125 / 177 (check only one) X
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ . .	Full Name (Last, First, Middle Initial) Juan Pena			Date of Receipt
	Mailing Address 905 S. Huisache Court			09 / 20 / Y Y Y Y Y
	City pharr		p Code 8577	Transaction ID: SA11AI.12963 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employed	Occupation private investo	 r	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-t		
_ 3.	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira			Date of Receipt
	Mailing Address 7005 North Cynthia	07 22 7 2010		
	City		p Code	Transaction ID: SA11AI.12575
	McAllen FEC ID number of contributing federal political committee.	TX 7	8504	Amount of Each Receipt this Period
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 750.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira			Date of Receipt
	Mailing Address 7005 North Cynthia			0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code	Transaction ID: SA11AI.12770
	McAllen FEC ID number of contributing federal political committee.	TX 7	8504	Amount of Each Receipt this Period 150.00
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 900.00	
	SUBTOTAL of Receipts This Page (optional)			550.00

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia			Date of Receipt 0 9 2 0 2 0 1 0
	City McAllen	State TX	Zip Code 78504	Transaction ID: SA11AI.12964 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		
	Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360			Date of Receipt 0 7 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12576
	mcallen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 98.72
	Name of Employer self-employed	Occupation private in	nvestor	contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.27	
_	Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12771
	mcallen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 100.69
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.96	
	SUBTOTAL of Receipts This Page (optional)	I		349.41

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78502 C Occupation private investor	Date of Receipt 0 9 2 0 2 0 1 0 Transaction ID: SA11AI.12965 Amount of Each Receipt this Period 114.52 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 965.48	
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt 0 7 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.12577
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.97
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1492.74	
Full Name (Last, First, Middle Initial) Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking		08 / 03 / 2010
City <u>mca</u> llen	State Zip Code TX 78501	Transaction ID: SA11AI.12772
FEC ID number of contributing federal political committee.	C 78301	Amount of Each Receipt this Period 204.99
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1697.73	
SUBTOTAL of Receipts This Page (optional)	520.48

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City	State Zip Code	Date of Receipt M
	<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	233.13
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date 1930.86	contribution
- B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Francisco Pina		Date of Receipt
	Mailing Address 129 E. Jones	0 9 2 0 1 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.12967
	Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
С. С.	Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
	Mailing Address 521 E. Bluebird		07 22 2010
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12580
	FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1727.83	
	SUBTOTAL of Receipts This Page (optional)		508.13
ŀ	TOTAL This Period (last page this line number	·	

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 177 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	e name and add	ress of any political committee to	os solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird	Chata	7:- Oada	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.12775 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70304	250.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		contribution
3.	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird	1		Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12969
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 contribution
	Name of Employer selfemployed	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2227.83	
-).	Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive			Date of Receipt
	City	State	Zip Code	0 7 2 2 2 0 1 0 Transaction ID: SA11AI.12581
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 177 (check only one) X 11a
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Sergio Ramirez		Date of Receipt
	Mailing Address 1608 Woods Drive	Chata 7'- Cada	08 13 2010
	City <u>mission</u>	State Zip Code TX 78572	Transaction ID: SA11AI.12776 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Sergio Ramirez		Date of Receipt
	Mailing Address 1608 Woods Drive		09 / 20 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12970
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2250.00	
_	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
	Mailing Address 1301 S. Perking		0 7 2 2 2 2 0 1 0
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.12582 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physicain	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 177 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements ma the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78501	Transaction ID: SA11AI.12777 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupatio physicair	1	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking	•		Date of Receipt 0 9 2 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.12971
mcallen FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physicair	1	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Mr. Mario Rangel			Date of Receipt
Mailing Address 3213 Lance Lot Land	e 		07 22 7 2010
City Edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.12584 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	50.00
Name of Employer selfemployed	Occupatio private in	nvestor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg	State Zip Code TX 78539	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 400.00	contribution
Full Name (Last, First, Middle Initial) Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City	State Zip Code	Date of Receipt 0 9 2 0 2 0 1 0 Transaction ID: SA11AI.12973
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78539 C Occupation private investor	Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Ms Soraya Rangel Mailing Address 2010 S. Cynthia Ste 1		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID: SA11AI.12974 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 225.00	contribution
	1	125.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 177 (check only one) X
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C	Zip Code 78596	Date of Receipt 0 7 2 2 2 2 0 1 0 Transaction ID: SA11Al.12586 Amount of Each Receipt this Period 125.00 contribution
	Receipt For: Primary General Other (specify)	physiciar Aggregate	Year-to-Date ▼ 875.00	
3.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12781
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 125.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		
_ ;.	Full Name (Last, First, Middle Initial) R.V. Reddy			Date of Receipt
	Mailing Address 1500 Southland Drive			09 20 2010
	City weslaco	State TX	Zip Code 78596	Transaction ID: SA11AI.12975 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	 	Year-to-Date ▼ 1125.00	
	SUBTOTAL of Receipts This Page (optional)	l		375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M / D D / Y Y Y Y O 9 2 0 1 0 Transaction ID: SA11AI.12977 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Maria J. Rios Mailing Address P.O. Box 3606 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date 225.00	Date of Receipt M M C D D C D C D C D D C D D C D D C D D C D D C D D C D D C D D C D D C D D C D D C D D C D D C D D C D D D C D D D C D D D C D D D D C D D D D D C D D D D D D D D D D D D D D D D D D D D
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12590 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	525.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 177 (check only one) X
or for com	nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) DER HEALTH FEDERAL PAC	tatements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na Homero	me (Last, First, Middle Initial)			Date of Receipt 0 9 2 0 2 0 1 0
City mcalle	en	State TX	Zip Code 78501	Transaction ID: SA11AI.12979 Amount of Each Receipt this Period
federal	number of contributing political committee.	C		250.00 contribution
Receipt	of Employer ployed It For: Primary	Occupation physiciar Aggregate		
Benjam	me (Last, First, Middle Initial) in Robalino Address 1217 S. Cynthia			Date of Receipt 0 7 2 2 2 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.12591
federal	number of contributing political committee.	C	78501	Amount of Each Receipt this Period 250.00 contribution
Receipi	,	Occupation physician Aggregate	Year-to-Date ▼ 1750.00	
Benjam	me (Last, First, Middle Initial) in Robalino Address 1217 S. Cynthia			Date of Receipt
City		State	Zip Code	0 8 1 3 2 0 1 0 Transaction ID: SA11AI.12786
<u>mcalle</u>	en	TX	78501	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
	of Employer ployed	Occupation physcian		contribution
	t For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 2000.00	
SUBTOT	AL of Receipts This Page (optional)			750.00

ITEMIZED REG			Use separate schedule(for each category of the Detailed Summary Page	(s) (decision of the second of	FOR LINE NUMBER: PAGE 137 / 177 check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	oses, other than using the name	ments may ne and addr	not be sold or used by any ress of any political commi	y person to ittee to sol	or the purpose of soliciting contributions icit contributions from such committee.
Full Name (Last, Fi Benjamin Robalino Mailing Address	rst, Middle Initial) 1217 S. Cynthia				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		Transaction ID: SA11AI.12980
<u>mcallen</u>		TX	78501		Amount of Each Receipt this Period
FEC ID number of federal political con		C			250.00
Name of Employer selfemployed	O	Occupation physcian			contribution
Receipt For: Primary Other (specif	General	Aggregate `	Year-to-Date ▼ 2250.0	00	
Full Name (Last, Fi	rst, Middle Initial)				Date of Receipt
Mailing Address	P.O. Box 662				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&7\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\2&2\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}$
City		State	Zip Code		Transaction ID: SA11AI.12592
Santa Rosa		TX	78593		Amount of Each Receipt this Period
FEC ID number of federal political con		С			50.00
Name of Employer selfemployed		Occupation private inv			contribution
Receipt For:		Aggregate `	Year-to-Date ▼		
Primary Other (specif	General y) ▼		350.0	0	
Full Name (Last, Fi	rst, Middle Initial)				Date of Receipt
Mailing Address	P.O. Box 662				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}$
City		State	Zip Code		Transaction ID: SA11AI.12787
Santa Rosa	_	TX	78593		Amount of Each Receipt this Period
FEC ID number of federal political con		C			50.00
Name of Employer selfemployed		Occupation private inv			contribution
Receipt For:		Aggregate `	Year-to-Date ▼		
Primary Other (specif	General y) ▼		400.0	0	
SUBTOTAL of Recei	pts This Page (optional)			<u> </u>	350.00
	last page this line 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 138 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662 City Santa Rosa FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78593 C Occupation private investor Aggregate Year-to-Date 450.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 875.00	Date of Receipt 0 7 2 2 2 2 0 1 0 Transaction ID: SA11AI.12593 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date 1125.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M 22 2010 Transaction ID: SA11AI.12594 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 177 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	d Statements may the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
A. Javier Saenz Mailing Address 2308 Monaco Drive			Date of Receipt
			09 20 2010
City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.12983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10074	250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) JJ Saenz			Date of Receipt
Mailing Address 2400 S.E. Augusta S	Square		07 22 7 2010
City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.12595
FEC ID number of contributing federal political committee.	C	70000	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]
Full Name (Last, First, Middle Initial) JJ Saenz			Date of Receipt
Mailing Address 2400 S.E. Augusta S	Square		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.12790
mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb	per only))	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 177 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Squ City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.12984 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date 2000.00	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11AI.12791 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M 22 2010 Transaction ID: SA11AI.12597 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M J D D J 2010 Transaction ID: SA11AI.12792 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

Any information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen	State Zip Code TX 78504	Date of Receipt Date of Receipt Transaction ID: SA11AI.12986 Amount of Each Receipt this Period
Juan Salazar Mailing Address 801 E Nolana Loop City McAllen	TX 78504	0 9 2 0 2 0 1 0 Transaction ID: SA11Al.12986
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2250.00	250.00 contribution
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 875.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D D 2 0 1 0
SUBTOTAL of Receipts This Page (optional)	<u> </u>	500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	State Zip Code TX 78574 C Occupation physician	Date of Receipt M M C D D C 2 0 1 0 Transaction ID: SA11AI.12987 Amount of Each Receipt this Period 125.00 contribution
_	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
3.	Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed	State Zip Code TX 78574 C Occupation physician	Amount of Each Receipt this Period 100.00 contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
- :.	Full Name (Last, First, Middle Initial) Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.12794
	Mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 100.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	325.00

City Mission FEC ID number of contributing tederal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City State Zip Code Transaction ID: SA11A1.12988 Amount of Each Receipt this Period 100.00 contribution Date of Receipt Transaction ID: SA11A1.12980 Amount of Each Receipt this Period 100.00 contribution Date of Receipt Transaction ID: SA11A1.12980 Date of Receipt Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12705 Transa	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Luis San Miguel Mailing Address 1912 Fair Oak City Mission TX 78574 FEC ID number of contributing federal political committee. Name of Employer Self employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Sanuel Sema Mailing Address 125 E. Cornell City McAllen Fecipi For: Primary General Other (specify) ▼ Full Name of Employer Self employed FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Transaction ID:	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt Mailing Address 125 E. Cornell City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employee Primary General Other (specify) ▼ City State Zip Code TX 78504 Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11A1.12600 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11A1.12600 Transaction ID: SA11A1.12600 Date of Receipt Transaction ID: SA11A1.12795 Date of Receipt Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Transaction ID: SA11A1.12795 Amount of Each Receipt this Period Contribution	Luis San Miguel Mailing Address 1912 Fair Oak City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General	TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12988 Amount of Each Receipt this Period
Dr. Samuel Serna Mailing Address 125 E. Cornell City State Zip Code McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.12795 Amount of Each Receipt this Period Coccupation physician Aggregate Year-to-Date ▼ 700.00	Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12600 Amount of Each Receipt this Period
	Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12795 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	300.00

City McAllen TX 78504 FEC ID number of contributing tederal political committee. Name of Employeer self-employee Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City Incelept For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City Incelept For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City Incelept For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11Al.12601 Amount of Each Receipt his Period Contribution Date of Receipt Transaction ID: SA11Al.12601	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Dr. Samuel Sema Mailing Address 125 E. Cornell City McAllen TX 78504 FEC ID number of contributing federal political committee. Name of Employer self-employer Self-employee Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11A1.12698 Date of Receipt transaction in the period contribution Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code Transaction ID: SA11A1.12601 Transaction ID: SA11A1.12601 Transaction ID: SA11A1.12601 Amount of Each Receipt the Period Transaction ID: SA11A1.12601 Transaction ID: SA11A1.12706 Transaction ID: SA11A1.12706 Transaction ID: SA11A1.12706 Date of Receipt Intransaction ID: SA11A1.12706 Transaction ID: SA11A1.12706 Trans	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code TX 78503 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Primary General Other (specify) ▼ City State Zip Code TYX 78503 Receipt For: Primary General Other (specify) ▼ City State Zip Code TYX 78500 Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City State Zip Code TYX 78503 FEC ID number of contributing federal political committee. City State Zip Code TYX 78503 FEC ID number of contributing federal political committee. City State Zip Code TYX 78503 FEC ID number of contributing federal political committee. City State Zip Code TYX 78503 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Contribution	Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12989 Amount of Each Receipt this Period
Tawhid Shuaib Mailing Address 4000 Burns Drive City State TX T8503 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Date of Receipt TX 78503 Transaction ID: SA11AI.12796 Amount of Each Receipt this Period Coccupation physician Aggregate Year-to-Date ▼ 2000.00	Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12601 Amount of Each Receipt this Period 250.00
	Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.12796 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	600.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 177 (check only one) X
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political committee	e to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.12990 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2250.00	<u>'</u>
- З.	Full Name (Last, First, Middle Initial) Ms Pamela Sifuentes Mailing Address 1801 Conch Key		Date of Receipt 0 9 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12991
	Weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 25.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
- :.	Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt 0 7 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.12603
	weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	1 .
	SUBTOTAL of Receipts This Page (optional)		325.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totoments may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12798
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate \	Year-to-Date ▼ 400.00	contribution
_ 3.	Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12992
	weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed Receipt For:	Occupation physician	Year-to-Date ▼	contribution
	Primary General Other (specify) ▼	Aggregate	450.00	
_).	Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12993
	McAllen FEC ID number of contributing federal political committee.	C	78502	Amount of Each Receipt this Period 25.00
	Name of Employer Self employed	Occupation private inv		contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)			125.00

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 177 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and address of any political committee	to solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
	City Mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.12605 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	122.60 contribution
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 931.72	
3.	Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12800
	Mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 125.05
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1056.77	
<u> </u>	Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12994
	Mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 142.22
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1198.99	
	SUBTOTAL of Receipts This Page (optional)		389.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 177 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbrian		Date of Receipt 0 7 2 2 2 2 0 1 0
City McAllen	State Zip Code TX 78502	Transaction ID: SA11AI.12606
FEC ID number of contributing federal political committee.	C 78502	Amount of Each Receipt this Period 250.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 1250.00	contribution
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbrian		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12801
<u>McAllen</u>	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employee	Occupation physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto	1	Date of Receipt
Mailing Address 101 South Greenbrian		09 / 20 / 4 4 4
City McAllen	State Zip Code TX 78502	Transaction ID: SA11AI.12995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M 2 2 2 0 1 0
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 1750.00	Date of Receipt 0 7 2 2 2 2 2 0 1 0 Transaction ID: SA11AI.12610 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12999 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional) .	•	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.12612 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 3 / 2 0 1 0 Transaction ID: SA11AI.12807 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M 20 20 2010 Transaction ID: SA11AI.13001 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marcel Twahinwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M D D 2 0 1 0
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 177 (check only one) X
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 	Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission	State TX	Zip Code 78572	Date of Receipt M M M
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 100.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13003
	Mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 100.00 contribution
	Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle			Date of Receipt
	City	State	Zip Code	0 7 2 2 2 0 1 0 Transaction ID: SA11AI.12529
	rio grande city	TX	78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1750.00	
[;	SUBTOTAL of Receipts This Page (optional)			450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 177 (check only one) X 11a
\ C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial) Jose Vasquez			Date of Receipt
	Mailing Address 2548 Palm Circle			08 13 2010
	City rio grande city	State TX	Zip Code 78582	Transaction ID: SA11AI.12725 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Jose Vasquez			Date of Receipt
	Mailing Address 2548 Palm Circle			09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.13004
	rio grande city	TX	78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physiciar		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2250.00	
_	Full Name (Last, First, Middle Initial) Dr. Efraim Vela			Date of Receipt
	Mailing Address 100 E. Ridge Road #E	3		07 22 2010
	City McAllen	State TX	Zip Code	Transaction ID: SA11AI.12615
	FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 1750.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15// 1// (check only one)
A	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u>/</u>	Full Name (Last, First, Middle Initial) Dr. Efraim Vela			Date of Receipt
	Mailing Address 100 E. Ridge Road #B			M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.12810
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Dr. Efraim Vela			Date of Receipt
	Mailing Address 100 E. Ridge Road #B			09 20 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.13005
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer selfemployed	Occupatio physiciar		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2250.00	
	Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez			Date of Receipt
	Mailing Address 1806 Summerfield Driv	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.12616
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer selfemployed	Occupatio private in		contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
_	SUBTOTAL of Receipts This Page (optional)			550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 177 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez		Date of Receipt
Mailing Address 1806 Summerfield Dr		08 13 2010
City Edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.12811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez Mailing Address 1806 Summerfield Dr	ive	Date of Receipt
City	State Zip Code	0 9 2 0 2 0 1 0 Transaction ID: SA11AI.13006
<u>Edinburg</u>	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez	L	Date of Receipt
Mailing Address Rt 2 Box 658		0 7 2 2 2 2 0 1 0
City <u>Raymondville</u>	State Zip Code TX 78580	Transaction ID: SA11AI.12617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date 400.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78580 C Occupation private investor Aggregate Year-to-Date 450.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M M 22 2 2010 Transaction ID: SA11AI.12618 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions
	BORDER HEALTH FEDERAL PAC		
١.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
	Mailing Address 301 E. Newport		08 13 2010
	City	State Zip Code TX 78501	Transaction ID: SA11AI.12813
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
 3.	Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
	Mailing Address 301 E. Newport		09 / 20 / Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13008
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
	Mailing Address P. O. Box 1632		07 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.12619
	mission	TX 78573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
	SUBTOTAL of Receipts This Page (optional)		625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 177 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D 2 2 0 1 0 Transaction ID: SA11AI.12814 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date 1125.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 934.10	Date of Receipt M M M D D D 2 2 2 2 0 1 0
SUBTOTAL of Receipts This Page (optional)		372.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1202.05	Date of Receipt M M M 20 20 2010 Transaction ID: SA11AI.13010 Amount of Each Receipt this Period 142.58 contribution
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 763.67	Date of Receipt M M / 22 / 2010 Transaction ID: SA11AI.12621 Amount of Each Receipt this Period 100.49 contribution
SUBTOTAL of Receipts This Page (optional)		368.44

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
, A.	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt
	Mailing Address 901 W. Moore		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City pharr	State Zip Code TX 78577	Transaction ID: SA11AI.12816 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	102.50
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 866.17	
В.	Full Name (Last, First, Middle Initial) Victor Villarreal	I	Date of Receipt
	Mailing Address 901 W. Moore		09 20 2010
	City	State Zip Code TX 78577	Transaction ID: SA11AI.13011
	pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 116.56
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 982.73	
- С.	Full Name (Last, First, Middle Initial) Roger Vitko		Date of Receipt
	Mailing Address 1017 south 1st		0 7 2 2 2 0 1 0
	City mcallen	State Zip Code TX 78502	Transaction ID: SA11AI.12622
	FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 150.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional)		369.06
-	TOTAL This Period (last page this line number	·	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> A.	Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st			Date of Receipt 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.12817
	mcallen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
— В.	Full Name (Last, First, Middle Initial) Roger Vitko			Date of Receipt
	Mailing Address 1017 south 1st			09 / 20 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.13012
	mcallen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer self-employed	Occupation physician		contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1350.00	
 c.	Full Name (Last, First, Middle Initial) Raymond Walker			Date of Receipt
	Mailing Address 1117 Shallow apt 4			07 22 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.12623
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private in		contribution
	Receipt For: Primary General Other (specify) ▼	. ' '	Year-to-Date ▼ 1750.00	
9	UBTOTAL of Receipts This Page (optional)	l		550.00
	OTAL This Period (last page this line number		<u> </u>	

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	tatamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 177 (check only one) X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	name and add	rnot be sold of used by any persi dress of any political committee to	os solicit contributions from such committee.
A. <u>F</u> N C r	Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing ederal political committee. Jame of Employer self-employed	State TX C	Zip Code 78504	Date of Receipt M M
_	Receipt For: Primary General Other (specify)	private in Aggregate	vestor Year-to-Date ▼ 2000.00	
B. <u>F</u> N C <u>r</u> F	Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City City	State TX	Zip Code 78504	Date of Receipt M M M
N 8	lame of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private in Aggregate		contribution
). <u>J</u>	Full Name (Last, First, Middle Initial) lames Webb Mailing Address 312 Redbud City ncallen	State TX	Zip Code 78504	Date of Receipt M M M
fe 	EC ID number of contributing ederal political committee. Jame of Employer	C		111.07 contribution
S .	Receipt For: Primary General Other (specify)	private in		
SU	BTOTAL of Receipts This Page (optional)			611.07

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 177 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) James Webb		Date of Receipt
	Mailing Address 312 Redbud		08 / 03 / 2010
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.12819
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 113.29
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 957.37	
- В.	Full Name (Last, First, Middle Initial) James Webb		Date of Receipt
	Mailing Address 312 Redbud		09 20 2010
	City	State Zip Code	Transaction ID: SA11AI.13014
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	128.84
	Name of Employer self-employed	Occupation private investor	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1086.21	
С. С.	Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
	Mailing Address 111 Rio Grande		07 22 2010
	City	State Zip Code	Transaction ID: SA11AI.12625
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	700.00	
	SUBTOTAL of Receipts This Page (optional)		342.13
-	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
	Mailing Address 111 Rio Grande		08 13 2010
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.12820
	FEC ID number of contributing federal political committee.	C 76372	Amount of Each Receipt this Period 100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt
	Mailing Address 111 Rio Grande	09 20 2010	
	City	State Zip Code	Transaction ID: SA11Al.13015
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	
	Full Name (Last, First, Middle Initial) Subbarrao Yarra		Date of Receipt
	Mailing Address 6905 N. Cynthia	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City McAllen	State Zip Code TX 78504	Transaction ID: SA11AI.12626 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 177 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 450.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 177 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2000.00	Date of Receipt M M D D 2 0 1 0 Transaction ID: SA11Al.12822 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 2250.00	Date of Receipt M M M D D D 2 0 1 0
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 1750.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		750.00

A.

В.

PAGE 170 / 177 SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt Hugo Zapata Mailing Address 316 Xenops 08 13 2010 City State Zip Code Transaction ID: SA11Al.12823 mcallen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. contribution Name of Employer selfemployed Occupation physician Receipt For: Aggregate Year-to-Date General Primary 2000.00 Other (specify) Full Name (Last, First, Middle Initial) Hugo Zapata Date of Receipt Mailing Address 316 Xenops 0 9 20 2010 City Transaction ID: SA11AI.13018 State Zip Code mcallen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer selfemployed Occupation physician Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number only)	<u> </u>	88533.23
TOTAL This relied (last page this line hamber only)	•	

2250.00

Primary

Other (specify)

General

A.

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 171 / 177
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(S) (check onl	
TI EIMIZED DIODOTTOEMENTO	Detailed Summary Pag		22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	e and address of any point	cai committee to so	olicit contributions from such committee
BORDER HEALTH FEDERAL PAC			
/			
Full Name (Last, First, Middle Initial) Cameo Parking Systems Inc			Transaction ID: SB21B.13041 Date of Disbursement
Mailing Address 1311 E. Hackberry Avenu	ue		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City McAllen	State Zip Code TX 78501		Amount of Each Disbursement this Period
Purpose of Disbursement			1162.61
fundraiser expenditure Candidate Name		003	
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \blacktriangleral	al	
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.13038
Cheer discount			Date of Disbursement
Mailing Address 100 E. Nolana			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City McAllen	State Zip Code TX 77502		Amount of Each Disbursement this Period
Purpose of Disbursement			474.12
fundraising expenditure Candidate Name		003 Category/	
Caldidate Name		Type	
Senate President	ement For: Primary Genera Other (specify)	al	
State: District:			
Full Name (Last, First, Middle Initial) Peppers			Transaction ID: SB21B.13048 Date of Disbursement
Mailing Address 4620 North 10th Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City McAllen	State Zip Code TX 78504		Amount of Each Disbursement this Period
Purpose of Disbursement			108.10
meal expenditure Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	1744.83

TOTAL This Period (last page this line number only)

1744.83

SCHEDULE B (FEC Form 3X	Use sepa	rate schedule(s)	_		NUMBER:		PAGE	172 / 1	177_
ITEMIZED DISBURSEMENTS	for each o	category of the Summary Page	<u> </u> :	ck only only only only only only only only	one) 22 X 28a		24 28c	25 29	2 3
Any Information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name (Last, First, Middle Initial) ROY BLUNT						ion ID: SE		39	
Mailing Address PO BOX 50100					08 8	0 2	, Y Y Y	0 1 O	Y
City SPRINGFIELD	State MO	Zip Code 65805			Amount o	f Each Disb			eriod
Purpose of Disbursement contribution			011				500	00.00	
Candidate Name ROY BLUNT			Catego Type	ry/					
X Senate President	Disbursement For: X Primary Other (spec	2010 General cify)							
State: MO District: 00 Full Name (Last, First, Middle Initial)					Transact	ion ID: SE	323 130	43	
ROY BLUNT					Date of D	isbursemen	t		Υ
Mailing Address PO BOX 50100					0 8	^D 27	2	010	
City SPRINGFIELD	State MO	Zip Code 65805			Amount o	f Each Disb			erioc
Purpose of Disbursement contribution			011				500	00.00	_
Candidate Name ROY BLUNT			Catego Type	ry/					
X Senate President	Disbursement For: Primary Other (spec	2010 X General cify) V							
State: MO District: 00 Full Name (Last, First, Middle Initial)					Transact	ion ID: SE	323.130	35	
DEMOCRATIC SENATORIAL CAMI		ΓΕΕ 				isbursemen	t	0 1 0	Y
Mailing Address 120 MARYLAND A		7:- 0 - 1-							
City WASHINGTON	State DC	Zip Code 20002			Amount	f Each Disb		this Pe	erio
Purpose of Disbursement contribution			011				1300	30.00	
Candidate Name			Catego Type	ry/					
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spec	2010 X General cify) ▼							
State. District.									_
							0500	00.00	

SCHEDULE B (FEC Form : TEMIZED DISBURSEMEN	' Use sepa	rate schedule(s) category of the	FOR LINE (check onl	NUMBER: y one)	PAGE 173 / 177
	Detailed S	Summary Page	21b 27	22 X 23 28a 28b	24 25 29 29
ny Information copied from such Reports r for commercial purposes, other than usir					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	<u> </u>				
Full Name (Last, First, Middle Initial) CHET EDWARDS				Transaction ID: Date of Disburse	
Mailing Address PO Box 23273				09 / 2	3 7 2010
City WACO	State TX	Zip Code 76702		Amount of Each	Disbursement this Perio
Purpose of Disbursement contribution			011		2500.00
Candidate Name CHET EDWARDS			Category/ Type		
Office Sought: X House Senate President	Disbursement For: Primary Other (spe	2010 X General cify) ▼			
State: TX District: 17 Full Name (Last, First, Middle Initial)					000010010
NATIONAL REPUBLICAN CONG	RESSIONAL COMI	MITTEE		Transaction ID: Date of Disburse	ment
Mailing Address 320 FIRST STF	EET SE			09 / 2	8 2010
City WASHINGTON	State DC	Zip Code 20003		Amount of Each	Disbursement this Perio
Purpose of Disbursement contribution			011		15000.00
Candidate Name			Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary Other (spe	2010 X General cify) ▼			
State: District: Full Name (Last, First, Middle Initial)					0000 40040
NATIONAL REPUBLICAN SENA	FORIAL COMMITTE	ΞE		Transaction ID: Date of Disburse	ment
Mailing Address 425 SECOND S	TREET NE			09 / 0	
City WASHINGTON	State DC	Zip Code 20002		Amount of Each	Disbursement this Perio
Purpose of Disbursement contribution			011		15000.00
Candidate Name			Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary Other (see	2010 X General			
State: District:	Other (spe	Gily) ♥			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER.	DAGE 474 / 477
· ·	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 174/177
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 27 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ū
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) JANE BERGMAN NORTON Mailing Address 6400 S FIDDLERS GRE	EN CIRCLE	Transaction ID Date of Disburs M M M / D	9: SB23.13040 sement 1 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 950 City GREENWOOD VILLAGE Purpose of Disbursement	State Zip Code CO 80111	Amount of Eacl	h Disbursement this Period 5000.00
contribution Candidate Name JANE BERGMAN NORTON	c	011 lategory/ Type	
	ment For: 2010 Primary X General Other (specify)	1,500	

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)		62500.00

A.

SCHEDULE B (FEC Form 3X)	lica canarata conadula(c)	R LINE NUMBER: PAGE 175 / 177
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Greater Dallas Foundation Mailing Address 400 South Zang Blvd, Su	te 1414	Transaction ID: SB29.13046 Date of Disbursement O 9
,	State Zip Code FX 75208	Amount of Each Disbursement this Period
Purpose of Disbursement donation	012	33600.00
Candidate Name	Catego Type	
Office Sought: House Disburse Senate President State: District:	nent For: 2010 Primary X General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	33600.00
TOTAL This Period (last page this line number only)	<u> </u>	33600.00

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 176 / 177 □ 9

OR LINE NUMBER:
check only one)

Excluding Loans		numbered line)		X 10		
NAME OF COMMITTE BORDER HEALTH I						
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals			Nature of Debt (Purpose): rental space			
Mailing Address P	O Box 2673					
City McAllen	State TX	ZIP Code 78502				
Outstanding Bala	nce Beginning This Period		Tra	insaction ID: SD10.9553		
	900.00					
Amount In	curred This Period	Payment This Period	Outstand	ng Balance at Close of This Period		
	0.00	0.00		900.00		
B. Full Name (Last AC Rentals	, First, Middle Initial) of Debtor	or Creditor	Nature of E rental spa	Debt (Purpose):		
Mailing Address P	O Box 2673					
City McAllen	State TX	ZIP Code 78502				
Outstanding Bala	nce Beginning This Period		Tra	insaction ID: SD10.10053		
	900.00					
Amount In	curred This Period	Payment This Period	Outstand	ng Balance at Close of This Period		
	0.00	0.00		900.00		
1) SUBTOTALS This	Period This Page (optional)		•	1800.00		
2) TOTALS This Period	od (last page this line number of	only)	>	1800.00		
3) TOTAL OUTSTANI	DING LOANS from Schedu	le C (last page only)	>	0.00		
4) ADD 2) and 3) and	d carry forward to appropriate I	ine of Summary Page (last page only)) >	1800.00		

 $\textbf{A.} \ \ \, \text{Form/Schedule}: \ \, \textbf{SD10}$ rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

B. Form/Schedule: SD10

Transaction ID: SD10.10053