

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street)

612 W. Nolana Suite 340

☒Check if different  
than previously  
reported. (ACC)

McAllen

TX

78504

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00415752

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

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

Type or Print Name of Treasurer

Ernie Perez

Signature of Treasurer

Electronically Filed by Ernie Perez

Date

02

10

2011

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

Due to committee change in official address ; did not receive letter (dated 12.08.2010) requesting response until letter remail was mailed to an unofficial 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 election 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

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	899096.58
(b) Cash on Hand at Beginning 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 BY the committee (Itemize all on Schedule C and/or Schedule D) .....	1800.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	88533.23	251656.19
(ii) Unitemized .....	2254.40	18130.19
(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) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	90787.63	269786.38
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	90787.63	269786.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	90787.63	269786.38

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	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 Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62500.00	115000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	33600.00	33600.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	98058.77	205909.18	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98058.77	205909.18	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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
35. 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
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1958.77	57309.18

# **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)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12825

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Charity Abreu

Mailing Address 1619 heritage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12433

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Charity Abreu

Mailing Address 1619 heritage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.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) .....

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

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

FOR LINE NUMBER: PAGE 8 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Charity Abreu

Mailing Address 1619 heritage lane

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12826

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ricardo Abreu

Mailing Address 200  
E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.12434

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ricardo Abreu

Mailing Address 200  
E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 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

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



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

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

FOR LINE NUMBER: PAGE 9 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12827

Amount of Each Receipt this Period

150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12435

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12633

Amount of Each Receipt this Period

250.00

contribution

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12828

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12436

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12634

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 177

(check only one)

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

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12829

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12830

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12438

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12636

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12831

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Alex Ambriz

Mailing Address 15253 Heather

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12832

Amount of Each Receipt this Period

25.00

contribution

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Amyx

Mailing Address 2108 Mynah

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12440

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Amyx

Mailing Address 2108 Mynah

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12638

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Amyx

Mailing Address 2108 Mynah

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12833

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12441

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12639

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 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

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

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

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

FOR LINE NUMBER: PAGE 15 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12442

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12640

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12835

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12836

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.12444

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12642

Amount of Each Receipt this Period

125.00

contribution

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

275.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / 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

**B.**

Full Name (Last, First, Middle Initial)

Murphy Badiga

Mailing Address 1503 S. Airport  
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12445

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Murphy Badiga

Mailing Address 1503 S. Airport  
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12643

Amount of Each Receipt this Period

250.00

contribution

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Murphy Badiga

Mailing Address 1503 S. Airport  
suite 6

City State Zip Code  
weslaco TX 78596

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12838

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code  
McAllen TX 78504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12644

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code  
McAllen TX 78504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12839

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12447

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12645

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12840

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12448

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12646

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12841

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12449

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12647

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12842

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Sarojini Bose

Mailing Address 7007 N 1st Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12450

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Sarojini Bose

Mailing Address 7007 N 1st Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12648

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Sarojini Bose

Mailing Address 7007 N 1st Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12843

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12451

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12649

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12844

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12453

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12651

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12846

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alejandro Bugnone

Mailing Address 429

Umar

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.12455

Amount of Each Receipt this Period

200.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alejandro Bugnone

Mailing Address 429

Umar

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.12653

Amount of Each Receipt this Period

200.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alejandro Bugnone

Mailing Address 429

Umar

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12848

Amount of Each Receipt this Period

200.00

contribution

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Desi Canals

Mailing Address 1912 Trinity

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12849

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City

State

Zip Code

mcallen

TX

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12457

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City

State

Zip Code

mcallen

TX

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12655

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12850

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12458

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12656

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12851

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12459

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12657

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12852

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Marissa Castaneda

Mailing Address 5021  
Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12462

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Marissa Castaneda

Mailing Address 5021  
Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12658

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12853

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12463

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12659

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12854

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12464

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

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 number only) .....

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

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

FOR LINE NUMBER: PAGE 32 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12855

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

R. Chandrasekharan

Mailing Address 1210 East 8th street  
suite 1

City

weslaco

State

TX

Zip Code

78591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12465

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

R. Chandrasekharan

Mailing Address 1210 East 8th street  
suite 1

City

weslaco

State

TX

Zip Code

78591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12661

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

R. Chandrarasekharan

Mailing Address 1210 East 8th street  
suite 1

City State Zip Code  
weslaco TX 78591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12856

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code  
McAllen TX 78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12857

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code  
McAllen TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12467

Amount of Each Receipt this Period

100.00

contribution

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12663

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12858

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Diana Cortinas

Mailing Address 1400 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.31

Date of Receipt

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

Transaction ID: SA11AI.12468

Amount of Each Receipt this Period

182.55

contribution

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

382.55

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

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

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

FOR LINE NUMBER: PAGE 35 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Diana Cortinas

Mailing Address 1400 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.86

Date of Receipt

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

Transaction ID: SA11AI.12665

Amount of Each Receipt this Period

182.55

contribution

**B.**

Full Name (Last, First, Middle Initial)

Diana Cortinas

Mailing Address 1400 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.62

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12859

Amount of Each Receipt this Period

211.76

contribution

**C.**

Full Name (Last, First, Middle Initial)

Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1414.41

Date of Receipt

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

Transaction ID: SA11AI.12469

Amount of Each Receipt this Period

186.61

contribution

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

580.92

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

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

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

FOR LINE NUMBER: PAGE 36 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1604.75

Date of Receipt

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

Transaction ID: SA11AI.12664

Amount of Each Receipt this Period

190.34

contribution

**B.**

Full Name (Last, First, Middle Initial)

Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1821.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12860

Amount of Each Receipt this Period

216.47

contribution

**C.**

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12470

Amount of Each Receipt this Period

250.00

contribution

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

656.81

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

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

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

FOR LINE NUMBER: PAGE 37 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12666

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12861

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.12471

Amount of Each Receipt this Period

150.00

contribution

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.12667

Amount of Each Receipt this Period

150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12862

Amount of Each Receipt this Period

150.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12474

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12669

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12864

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.12473

Amount of Each Receipt this Period

125.00

contribution

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.12670

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12865

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12475

Amount of Each Receipt this Period

250.00

contribution

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

500.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 177

(check only one)

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12671

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.12866

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.12476

Amount of Each Receipt this Period

150.00

contribution

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.12672

Amount of Each Receipt this Period

150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12867

Amount of Each Receipt this Period

150.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ted Disque

Mailing Address 501 Iris

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12868

Amount of Each Receipt this Period

25.00

contribution

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

325.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12478

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12674

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12869

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12870

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12480

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12676

Amount of Each Receipt this Period

50.00

contribution

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12871

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City

mcallent

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12481

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City

mcallent

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12677

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City

mcalled

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12872

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

City

mcalled

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12482

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

City

mcalled

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12678

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12873

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12483

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12679

Amount of Each Receipt this Period

100.00

contribution

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12874

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Marco Flores

Mailing Address 320 Primrose

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12484

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Marco Flores

Mailing Address 320 Primrose

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12680

Amount of Each Receipt this Period

250.00

contribution

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

600.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Marco Flores

Mailing Address 320 Primrose

City  
mcallenState  
TXZip Code  
78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12875

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City  
McAllenState  
TXZip Code  
78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12486

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City  
McAllenState  
TXZip Code  
78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12682

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12877

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Elvin Garcia

Mailing Address 2800 Santa Teresa

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12487

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Elvin Garcia

Mailing Address 2800 Santa Teresa

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12683

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Elvin Garcia

Mailing Address 2800 Santa Teresa

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12878

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12488

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12684

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.12879

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.12881

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12492

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12687

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.12882

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12491

Amount of Each Receipt this Period

125.00

contribution

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.12688

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12883

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12493

Amount of Each Receipt this Period

250.00

contribution

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12689

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12884

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Genovese

Mailing Address 2208 Summer Breeze

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 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

**TOTAL** This Period (last page this line 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 56 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Genovese

Mailing Address 2208 Summer Breeze

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.18

Date of Receipt

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

Transaction ID: SA11AI.12690

Amount of Each Receipt this Period

180.48

contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Genovese

Mailing Address 2208 Summer Breeze

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.43

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12885

Amount of Each Receipt this Period

205.25

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12495

Amount of Each Receipt this Period

100.00

contribution

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

485.73

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 57 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12691

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12886

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12496

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12692

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12887

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12888

Amount of Each Receipt this Period

25.00

contribution

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12889

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1707.69

Date of Receipt

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

Transaction ID: SA11AI.12500

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1957.69

Date of Receipt

M M / D D / Y Y Y Y  
0 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

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

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

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

FOR LINE NUMBER: PAGE 60 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2207.69

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12891

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12501

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12697

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12892

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12498

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12698

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12893

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1741.47

Date of Receipt

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

Transaction ID: SA11AI.12503

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1991.47

Date of Receipt

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

Transaction ID: SA11AI.12699

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2241.47

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12894

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12504

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12700

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12895

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

John Guerra

Mailing Address 3105 Forest Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12506

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

John Guerra

Mailing Address 3105 Forest Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12701

Amount of Each Receipt this Period

100.00

contribution

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

450.00

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 65 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

John Guerra

Mailing Address 3105 Forest Court

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12896

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edburg

State

TX

Zip Code

78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12507

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edburg

State

TX

Zip Code

78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12702

Amount of Each Receipt this Period

250.00

contribution

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

600.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Marcy Guerra

Mailing Address 13337 Borolo Drive

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12897

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.26

Date of Receipt

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

Transaction ID: SA11AI.12508

Amount of Each Receipt this Period

212.62

contribution

**C.**

Full Name (Last, First, Middle Initial)

Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1762.88

Date of Receipt

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

Transaction ID: SA11AI.12703

Amount of Each Receipt this Period

212.62

contribution

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

675.24

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2009.52

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12898

Amount of Each Receipt this Period

246.64

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12510

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12705

Amount of Each Receipt this Period

250.00

contribution

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

746.64

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 177

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12900

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edburg

State

TX

Zip Code

78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12511

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edburg

State

TX

Zip Code

78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12706

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12901

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12512

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Miguel Gutierrez

Mailing Address 224 Lindberg

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12707

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Miguel Gutierrez

Mailing Address 224 Lindberg

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12902

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12513

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12708

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12903

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12514

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12709

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12904

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12515

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12710

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Victor Haddad

Mailing Address 4008 Burns Drive South

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12905

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.12516

Amount of Each Receipt this Period

75.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12711

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 74 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12906

Amount of Each Receipt this Period

75.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

829.55

Date of Receipt

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

Transaction ID: SA11AI.12517

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.55

Date of Receipt

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

Transaction ID: SA11AI.12712

Amount of Each Receipt this Period

100.00

contribution

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.55

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12907

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12908

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12909

Amount of Each Receipt this Period

25.00

contribution

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12520

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12715

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12910

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City State Zip Code  
mcallen TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12521

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City State Zip Code  
mcallen TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12716

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City State Zip Code  
mcallen TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12911

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Maria Hoffman

Mailing Address 802 Inspiration Road

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12505

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Maria Hoffman

Mailing Address 802 Inspiration Road

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12717

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Maria Hoffman

Mailing Address 802 Inspiration Road

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12912

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.21

Date of Receipt

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

Transaction ID: SA11AI.12522

Amount of Each Receipt this Period

164.12

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.61

Date of Receipt

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

Transaction ID: SA11AI.12718

Amount of Each Receipt this Period

167.40

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1289.99

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12913

Amount of Each Receipt this Period

190.38

contribution

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

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)

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12523

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12719

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12914

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12524

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12720

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12915

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Phil Hunke

Mailing Address 505 East Newport Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.12525

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Phil Hunke

Mailing Address 505 East Newport Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.12721

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Phil Hunke

Mailing Address 505 East Newport Lane

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12916

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Marina Jacobson

Mailing Address 1505 Doherty

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12917

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12918

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Gauri Kanhere

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12528

Amount of Each Receipt this Period

250.00

contribution

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Gauri Kanhere

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12724

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Gauri Kanhere

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12919

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12530

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12726

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12920

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12531

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 86 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12727

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12921

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alejandro Kudisch

Mailing Address 323 Nightingale

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12532

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alejandro Kudisch

Mailing Address 323 Nightingale

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12728

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alejandro Kudisch

Mailing Address 323 Nightingale

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12922

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12533

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12729

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12923

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12534

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12730

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ramiro Leal

Mailing Address 601 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12924

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dale Linebarger

Mailing Address 901 West 9th Street  
#405

City

austin

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12536

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dale Linebarger

Mailing Address 901 West 9th Street  
#405

City State Zip Code  
austin TX 78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12732

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dale Linebarger

Mailing Address 901 West 9th Street  
#405

City State Zip Code  
austin TX 78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12926

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code  
Edinburg TX 78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12537

Amount of Each Receipt this Period

50.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12733

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12927

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rolando Longoria

Mailing Address 32243 Road 83

City

San Benito

State

TX

Zip Code

78586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12538

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rolando Longoria

Mailing Address 32243 Road 83

City

San Benito

State

TX

Zip Code

78586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12734

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rolando Longoria

Mailing Address 32243 Road 83

City

San Benito

State

TX

Zip Code

78586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12928

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: SA11AI.12539

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12735

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12929

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Julio Lopez

Mailing Address 1311 6th E. Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1726.06

Date of Receipt

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

Transaction ID: SA11AI.12540

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Julio Lopez

Mailing Address 1311 6th E. Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1976.06

Date of Receipt

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

Transaction ID: SA11AI.12736

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Julio Lopez

Mailing Address 1311 6th E. Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2226.06

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12930

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12931

Amount of Each Receipt this Period

25.00

contribution

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

525.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Salil Mangi

Mailing Address 3801 Sundown Court East

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12542

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Salil Mangi

Mailing Address 3801 Sundown Court East

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12738

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Salil Mangi

Mailing Address 3801 Sundown Court East

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12932

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12543

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12739

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12933

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Guillermo Marquez

Mailing Address 1702 Trinity Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12544

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Guillermo Marquez

Mailing Address 1702 Trinity Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12740

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Guillermo Marquez

Mailing Address 1702 Trinity Road

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12934

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12545

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12741

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12935

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ricardo Martinez

Mailing Address 1903 W. Smith

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12546

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ricardo Martinez

Mailing Address 1903 W. Smith

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12742

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ricardo Martinez

Mailing Address 1903 W. Smith

City

edburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12936

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12547

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12743

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12937

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 101 / 177

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Santos Martinez

Mailing Address 125 East Yucca

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12548

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Santos Martinez

Mailing Address 125 East Yucca

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12744

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Santos Martinez

Mailing Address 125 East Yucca

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12938

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 102 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12550

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12746

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12940

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12941

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12552

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12748

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12942

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Manuel Mercado

Mailing Address 3002 Santa Susana

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12553

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Manuel Mercado

Mailing Address 3002 Santa Susana

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12749

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)

Manuel Mercado

Mailing Address 3002 Santa Susana

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12943

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Scott Meyer

Mailing Address 2100 School Lane

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.12554

Amount of Each Receipt this Period

75.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Scott Meyer

Mailing Address 2100 School Lane

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.12750

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 106 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott Meyer

Mailing Address 2100 School Lane

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

private investor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12944

Amount of Each Receipt this Period

75.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Carlos Mohamed

Mailing Address 5408 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12556

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12557

Amount of Each Receipt this Period

100.00

contribution

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)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Carlos Mohamed

Mailing Address 5408 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12751

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12752

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlos Mohamed

Mailing Address 5408 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12945

Amount of Each Receipt this Period

250.00

contribution

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

600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12946

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12558

Amount of Each Receipt this Period

200.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.12753

Amount of Each Receipt this Period

200.00

contribution

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12947

Amount of Each Receipt this Period

200.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12559

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12754

Amount of Each Receipt this Period

250.00

contribution

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12948

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Leonel Moreno

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12560

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Leonel Moreno

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12755

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Leonel Moreno

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12949

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12561

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12756

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12950

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12562

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12757

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12951

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

State

Zip Code

McAllen

TX

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12563

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

State

Zip Code

McAllen

TX

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12758

Amount of Each Receipt this Period

100.00

contribution

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

250.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12952

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12564

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12759

Amount of Each Receipt this Period

250.00

contribution

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

600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Armando Osio

Mailing Address 600 Tulip

City  
mcallenState  
TXZip Code  
78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12953

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City  
MissionState  
TXZip Code  
78572FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12565

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City  
MissionState  
TXZip Code  
78572FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employeeOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12760

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12954

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Fernando Otero

Mailing Address 121 E. Quamasia  
#148

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12566

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Fernando Otero

Mailing Address 121 E. Quamasia  
#148

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12761

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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

**A.**

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

Mailing Address 121 E. Quamasia  
 #148

City State Zip Code  
 mcallen TX 78501

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 selfemployed

Occupation  
 physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12955

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 2305 Red River

City State Zip Code  
 mcallen TX 78572

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 selfemployed

Occupation  
 physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.12567

Amount of Each Receipt this Period

75.00

contribution

**C.**

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

Mailing Address 2305 Red River

City State Zip Code  
 mcallen TX 78572

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 selfemployed

Occupation  
 physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

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

Mailing Address 2305 Red River

City State Zip Code  
 mcallen TX 78572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12956

Amount of Each Receipt this Period

75.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City State Zip Code  
 Edinburg TX 78540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12568

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City State Zip Code  
 Edinburg TX 78540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12763

Amount of Each Receipt this Period

50.00

contribution

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

175.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12957

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12569

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 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

**TOTAL** This Period (last page this line 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 120 / 177

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12958

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.12570

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12765

Amount of Each Receipt this Period

125.00

contribution

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

500.00

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



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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12959

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.12571

Amount of Each Receipt this Period

150.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.12766

Amount of Each Receipt this Period

150.00

contribution

**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  
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FOR LINE NUMBER: PAGE 122 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12960

Amount of Each Receipt this Period

150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12572

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12767

Amount of Each Receipt this Period

50.00

contribution

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

250.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12961

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12573

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12768

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 124 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)

Jose Pena

Mailing Address 100 Bluebird

City  
**mcallen**

State  
**TX**

Zip Code  
**78504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2250.00**

Date of Receipt

**09 / 20 / 2010**

**Transaction ID: SA11AI.12962**

Amount of Each Receipt this Period

**250.00**

contribution

**B.**

Full Name (Last, First, Middle Initial)

Juan Pena

Mailing Address 905 S. Huisache Court

City  
**pharr**

State  
**TX**

Zip Code  
**78577**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
**private investor**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1750.00**

Date of Receipt

**07 / 22 / 2010**

**Transaction ID: SA11AI.12574**

Amount of Each Receipt this Period

**250.00**

contribution

**C.**

Full Name (Last, First, Middle Initial)

Juan Pena

Mailing Address 905 S. Huisache Court

City  
**pharr**

State  
**TX**

Zip Code  
**78577**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
**private investor**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**08 / 13 / 2010**

**Transaction ID: SA11AI.12769**

Amount of Each Receipt this Period

**250.00**

contribution

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

**750.00**

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Juan Pena

Mailing Address 905 S. Huisache Court

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12963

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.12575

Amount of Each Receipt this Period

150.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.12770

Amount of Each Receipt this Period

150.00

contribution

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

550.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12964

Amount of Each Receipt this Period

150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.27

Date of Receipt

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

Transaction ID: SA11AI.12576

Amount of Each Receipt this Period

98.72

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.96

Date of Receipt

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

Transaction ID: SA11AI.12771

Amount of Each Receipt this Period

100.69

contribution

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

349.41

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A.**

Full Name (Last, First, Middle Initial)  
 Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
 mcallen TX 78502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.48

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12965

Amount of Each Receipt this Period

114.52

contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
 mcallen TX 78501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1492.74

Date of Receipt

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

Transaction ID: SA11AI.12577

Amount of Each Receipt this Period

200.97

contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
 mcallen TX 78501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1697.73

Date of Receipt

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

Transaction ID: SA11AI.12772

Amount of Each Receipt this Period

204.99

contribution

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

520.48

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.86

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12966

Amount of Each Receipt this Period

233.13

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12967

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1727.83

Date of Receipt

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

Transaction ID: SA11AI.12580

Amount of Each Receipt this Period

250.00

contribution

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

508.13

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1977.83

Date of Receipt

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

Transaction ID: SA11AI.12775

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2227.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12969

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12581

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12776

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.12970

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Gustavo Ramos

Mailing Address 1301 S. Perking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physicain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12582

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 131 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Gustavo Ramos

Mailing Address 1301 S. Perking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physicain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12777

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Gustavo Ramos

Mailing Address 1301 S. Perking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physicain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12971

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12584

Amount of Each Receipt this Period

50.00

contribution

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 132 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12779

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12973

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12974

Amount of Each Receipt this Period

25.00

contribution

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 133 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.12586

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12781

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12975

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 134 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12588

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12783

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 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

**TOTAL** This Period (last page this line 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 135 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Maria J. Rios

Mailing Address P.O. Box 3606

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12978

Amount of Each Receipt this Period

25.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12590

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12785

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12979

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12591

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12786

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Benjamin Robalino

Mailing Address 1217 S. Cynthia

City  
mcallenState  
TXZip Code  
78501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.12980

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12592

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12787

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12981

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.12593

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12788

Amount of Each Receipt this Period

125.00

contribution

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 139 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12982

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Javier Saenz

Mailing Address 2308 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12594

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Javier Saenz

Mailing Address 2308 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12789

Amount of Each Receipt this Period

250.00

contribution

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 140 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Javier Saenz

Mailing Address 2308 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12983

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12595

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12790

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 141 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12984

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Larry Safir

Mailing Address 3300 S. 2nd  
suite 10

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12596

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Larry Safir

Mailing Address 3300 S. 2nd  
suite 10

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Larry Safir

Mailing Address 3300 S. 2nd  
suite 10

City State Zip Code  
McAllen TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12985

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code  
McAllen TX 78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12597

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code  
McAllen TX 78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12792

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12986

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.12598

Amount of Each Receipt this Period

125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12793

Amount of Each Receipt this Period

125.00

contribution

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

500.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12987

Amount of Each Receipt this Period

125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Luis San Miguel

Mailing Address 1912 Fair Oak

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12599

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Luis San Miguel

Mailing Address 1912 Fair Oak

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12794

Amount of Each Receipt this Period

100.00

contribution

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

325.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Luis San Miguel

Mailing Address 1912 Fair Oak

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12988

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

State

Zip Code

McAllen

TX

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12600

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

State

Zip Code

McAllen

TX

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.12795

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12989

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12601

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12796

Amount of Each Receipt this Period

250.00

contribution

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

600.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12990

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12991

Amount of Each Receipt this Period

25.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12603

Amount of Each Receipt this Period

50.00

contribution

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

325.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12798

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12992

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Hilda Solis

Mailing Address P.O.Box 3302

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12993

Amount of Each Receipt this Period

25.00

contribution

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 149 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.72

Date of Receipt

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

Transaction ID: SA11AI.12605

Amount of Each Receipt this Period

122.60

contribution

**B.**

Full Name (Last, First, Middle Initial)

Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.77

Date of Receipt

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

Transaction ID: SA11AI.12800

Amount of Each Receipt this Period

125.05

contribution

**C.**

Full Name (Last, First, Middle Initial)

Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1198.99

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12994

Amount of Each Receipt this Period

142.22

contribution

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

389.87

**TOTAL** This Period (last page this line 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 150 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.12606

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.12801

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employee

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12995

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12609

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12804

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.12998

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 152 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12610

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12805

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 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

**TOTAL** This Period (last page this line 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 153 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12612

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12807

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13001

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 154 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12613

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12808

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13002

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12809

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.13003

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Jose Vasquez

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12529

Amount of Each Receipt this Period

250.00

contribution

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

450.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 177

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Jose Vasquez

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.12725

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jose Vasquez

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.13004

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.12615

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12810

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13005

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12616

Amount of Each Receipt this Period

50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 158 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12811

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13006

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12617

Amount of Each Receipt this Period

50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12812

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13007

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12618

Amount of Each Receipt this Period

250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12813

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13008

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Carlos Villalta

Mailing Address P. O. Box 1632

City

mission

State

TX

Zip Code

78573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12619

Amount of Each Receipt this Period

125.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC**A.**Full Name (Last, First, Middle Initial)  
Carlos Villalta

Mailing Address P. O. Box 1632

City	State	Zip Code
mission	TX	78573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

Transaction ID: SA11AI.12814

Amount of Each Receipt this Period

125.00

contribution

**B.**Full Name (Last, First, Middle Initial)  
Carlos Villalta

Mailing Address P. O. Box 1632

City	State	Zip Code
mission	TX	78573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.13009

Amount of Each Receipt this Period

125.00

contribution

**C.**Full Name (Last, First, Middle Initial)  
Rita VillanuevaMailing Address 801 E. Nolana  
Suite 4

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	0

Transaction ID: SA11AI.12620

Amount of Each Receipt this Period

122.91

contribution

SUBTOTAL of Receipts This Page (optional) .....

372.91

TOTAL This Period (last page this line 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 162 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Rita Villanueva

Mailing Address 801 E. Nolana  
Suite 4

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1059.47

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12815

Amount of Each Receipt this Period

125.37

contribution

**B.**

Full Name (Last, First, Middle Initial)

Rita Villanueva

Mailing Address 801 E. Nolana  
Suite 4

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1202.05

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13010

Amount of Each Receipt this Period

142.58

contribution

**C.**

Full Name (Last, First, Middle Initial)

Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code  
pharr TX 78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.67

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12621

Amount of Each Receipt this Period

100.49

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

368.44

**TOTAL** This Period (last page this line 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 163 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Victor Villarreal

Mailing Address 901 W. Moore

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.17

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12816

Amount of Each Receipt this Period

102.50

contribution

**B.**

Full Name (Last, First, Middle Initial)

Victor Villarreal

Mailing Address 901 W. Moore

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

982.73

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13011

Amount of Each Receipt this Period

116.56

contribution

**C.**

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12622

Amount of Each Receipt this Period

150.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

369.06

**TOTAL** This Period (last page this line 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 164 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12817

Amount of Each Receipt this Period

150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13012

Amount of Each Receipt this Period

150.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Raymond Walker

Mailing Address 1117 Shallow  
apt 4

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12623

Amount of Each Receipt this Period

250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Raymond Walker

Mailing Address 1117 Shallow  
apt 4City State Zip Code  
mcallen TX 78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.12818

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Raymond Walker

Mailing Address 1117 Shallow  
apt 4City State Zip Code  
mcallen TX 78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.13013

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

James Webb

Mailing Address 312 Redbud

City State Zip Code  
mcallen TX 78504FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.12624

Amount of Each Receipt this Period

111.07

contribution

SUBTOTAL of Receipts This Page (optional) .....

611.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12819

Amount of Each Receipt this Period

113.29

contribution

**B.**

Full Name (Last, First, Middle Initial)

James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13014

Amount of Each Receipt this Period

128.84

contribution

**C.**

Full Name (Last, First, Middle Initial)

Patrick Wilcox

Mailing Address 111 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12625

Amount of Each Receipt this Period

100.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

342.13

**TOTAL** This Period (last page this line 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 167 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick Wilcox

Mailing Address 111 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12820

Amount of Each Receipt this Period

100.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Patrick Wilcox

Mailing Address 111 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13015

Amount of Each Receipt this Period

100.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Subbarao Yarra

Mailing Address 6905  
N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12626

Amount of Each Receipt this Period

50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 168 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12821

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13016

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12627

Amount of Each Receipt this Period

250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 177

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.12822

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13017

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployed

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.12628

Amount of Each Receipt this Period

250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 177

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

Transaction ID: SA11AI.12823

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfemployedOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.13018

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

88533.23

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 177

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Cameo Parking Systems Inc

Mailing Address 1311 E. Hackberry Avenue

City State Zip Code  
McAllen TX 78501

Purpose of Disbursement  
fundraiser expenditure

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13041

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

1162.61

B.

Full Name (Last, First, Middle Initial)

Cheer discount

Mailing Address 100 E. Nolana

City State Zip Code  
McAllen TX 77502

Purpose of Disbursement  
fundraising expenditure

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13038

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

474.12

C.

Full Name (Last, First, Middle Initial)

Peppers

Mailing Address 4620 North 10th Street

City State Zip Code  
McAllen TX 78504

Purpose of Disbursement  
meal expenditure

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.13048

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

108.10

SUBTOTAL of Disbursements This Page (optional) .....

1744.83

TOTAL This Period (last page this line number only) .....

1744.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 172 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ROY BLUNT	<b>Transaction ID:</b> SB23.13039 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	1	0												
City SPRINGFIELD State MO Zip Code 65805	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name ROY BLUNT	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ROY BLUNT	<b>Transaction ID:</b> SB23.13043 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
City SPRINGFIELD State MO Zip Code 65805	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name ROY BLUNT	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	<b>Transaction ID:</b> SB23.13035 <b>Date of Disbursement</b>																				
Mailing Address 120 MARYLAND AVENUE NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	1	0												
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>25000.00</td> </tr> </table>	25000.00																			
25000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)  
CHET EDWARDS

Mailing Address PO Box 23273

City State Zip Code  
WACO TX 76702

Purpose of Disbursement  
contribution

Candidate Name  
CHET EDWARDS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 17

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13045

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13047

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13042

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) .....

32500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 177

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

JANE BERGMAN NORTON

Mailing Address 6400 S FIDDLERS GREEN CIRCLE  
SUITE 950

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
contribution

Candidate Name  
JANE BERGMAN NORTON

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CO District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.13040

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

62500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Greater Dallas Foundation

Mailing Address 400 South Zang Blvd, Suite 1414

City  
Dallas

State  
TX

Zip Code  
75208

Purpose of Disbursement  
donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB29.13046

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2010

Amount of Each Disbursement this Period

33600.00

SUBTOTAL of Disbursements This Page (optional) .....

33600.00

TOTAL This Period (last page this line number only) .....

33600.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 176 / 177

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AC RentalsNature of Debt (Purpose):  
rental space

Mailing Address PO Box 2673

City	State	ZIP Code
McAllen	TX	78502

Outstanding Balance Beginning This Period

900.00

Transaction ID: SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AC RentalsNature of Debt (Purpose):  
rental space

Mailing Address PO Box 2673

City	State	ZIP Code
McAllen	TX	78502

Outstanding Balance Beginning This Period

900.00

Transaction ID: SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

1) **SUBTOTALS** This Period This Page (optional).....

1800.00

2) **TOTALS** This Period (last page this line number only).....

1800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1800.00



A. Form/Schedule : **SD10**  
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**

rent expenditure for office for 1st quarter of 2009 incurred but not paid.