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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines BORDER HEALTH FEDERAL PAC 1210 W EXPRESSWAY 83 SUITE 10 ADDRESS (number and street) Check if different than previously **PHARR** ΤX 78577 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00415752 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2007 12 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ernie Perez Type or Print Name of Treasurer Electronically Filed by Ernie Perez 0 1 3 1 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name BORDER HEALTH FEDERAL PAC <sup>®</sup> D " D 12 1.0 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 388383.00 January 1 (b) Cash on Hand at 597420.72 Begining of Reporting Period ..... 76963.99 316001.71 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 674384.71 704384.71 6(a) and 6(c) for Column B) ..... 20000.00 50000.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 654384.71 654384.71 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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) Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

0 1 3<sup>D</sup>1 м м 1 0 м м 1 2 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 311732.40 76748.45 (i) Itemized (use Schedule A) .......... 215.54 4269.31 (ii) Unitemized ..... (iii) TOTAL (add 76963.99 316001.71 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 76963.99 316001.71 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 76963.99 316001.71 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 76963.99 316001.71 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	20000.00	50000.00
I. Independent Expenditure		
(use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))</li> </ol>	0.00	0.00
(use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(444 21100 25(4), (5), 414 (5))		
O. Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20000.00	50000.00
_0, _ 1, _0, _0, _7, _0(0), _0 and 00(0)/		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20000.00	E0000 00
from Line 31)	20000.00	50000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	76963.99	316001.71
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	76963.99	316001.71
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 6 / 125   (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	<u> </u>	, , ,	
Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
Mailing Address 1619 hertiage lane			10 12 2007
City	State	Zip Code	Transaction ID: SA11AI.7067
mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period  250.00
Name of Employer self-employee	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Charity Abreu	<u> </u>		Date of Receipt
Mailing Address 1619 hertiage lane			1 1 1 1 6 2 0 0 7
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.7189
FEC ID number of contributing federal political committee.	C	76572	Amount of Each Receipt this Period 250.00
Name of Employer self-employee	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Charity Abreu			Date of Receipt
Mailing Address 1619 hertiage lane			1 2 1 4 2 0 0 7
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.7320
FEC ID number of contributing federal political committee.	C	70072	Amount of Each Receipt this Period  250.00
Name of Employer self-employee	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/125   (check only one)
A	ny information copied from such Reports and S	tatements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Traine and act	areas or any poniosa committee to	
_	Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt
	Mailing Address 104 augusta square			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7068
	<u>mcallen</u>	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employee	Occupatio physiciar		contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	Full Name (Last, First, Middle Initial) Ruben Abreu			Date of Receipt
	Mailing Address 104 augusta square			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7190
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self-employee	Occupatio physiciar		contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 104 augusta square			12 14 2007
	City	State	Zip Code	Transaction ID: SA11AI.7321
	<u>mcallen</u>	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self-employee	Occupatio physiciar		contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		3000.00	
_				750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may name and add	not be sold or used by any persoress of any political committee to	
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary Other (specify)	State TX  C  Occupation private inv Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State TX C Occupation private inv		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th		Year-to-Date ▼ 2750.00	Date of Receipt
City mcallen  FEC ID number of contributing federal political committee.	State TX	Zip Code 78501	Transaction ID: SA11AI.7322  Amount of Each Receipt this Period  176.69
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private inv		contribution
SUBTOTAL of Receipts This Page (optional)			676.69

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee t	
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  3000.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 125 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	
BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial)		
Dario Arango  Mailing Address 7004  N. Cynthia		Date of Receipt  1 0 1 2 2 0 0 7
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7072  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004		Date of Receipt
Mailing Address 7004  N. Cynthia		11 1 16 2007
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7193  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dario Arango	I	Date of Receipt
Mailing Address 7004 N. Cynthia		12 14 2007
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7324  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7194  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane		Date of Receipt
City	State Zip Code	1 0 1 2 2 0 0 7  Transaction ID: SA11AI.7074
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane	)	1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7195
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera	1	Date of Receipt
Mailing Address 501 Mockingbird Lane	)	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7326
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional) .		750.00
TOTAL This Period (last page this line number	r only)	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio		Date of Receipt
City	State Zip Code	1 0 1 2 2 0 0 7  Transaction ID: SA11AI.7075
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Ricardo Barrera	l	Date of Receipt
Mailing Address 420 Frio		11 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7196
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Ricardo Barrera	1	Date of Receipt
Mailing Address 420 Frio		12 14 YYYYY
City	State Zip Code	Transaction ID: SA11AI.7327
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation physician	Continuation
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	3000.00	
		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 125 (check only one)    X   11a
0	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt  10 12 2007
	City mission	State Zip Code TX 78574	Transaction ID: SA11AI.7076  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date   2500.00	contribution
_ 3.	Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt  1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7197
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
 ;.	Full Name (Last, First, Middle Initial) Juan Bernini	1	Date of Receipt
	Mailing Address 2804 Santa Ana		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7328
	mission  FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 125 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA		
Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
Mailing Address 7007 N 1st Lane		10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7077
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
Mailing Address 7007 N 1st Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7198
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
Mailing Address 7007 N 1st Lane		12 14 2007
City	State Zip Code	Transaction ID: SA11AI.7329
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUPTOTAL of Descripts This Dogs (entire	ial)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court  City mission  FEC ID number of contributing	State TX	Zip Code 78572	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation physician		contribution
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State TX  C  Occupatio physician Aggregate		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State TX  C  Occupatio physician Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  1 2 0 0 7  Transaction ID: SA11AI.7330  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional) .		<b>)</b>	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Street		Date of Receipt
City	State Zip Code	1 0 1 2 2 0 0 7 Transaction ID: SA11AI.7079
<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
Mailing Address 2000 N. 8th Street		1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7200
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Robert Brace		Date of Receipt
Mailing Address 2000 N. 8th Street		12 14 2007
City	State Zip Code	Transaction ID: SA11Al.7331
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer self-employed	Occupation physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SURTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PACE	nd Statements may not be sold or used by any persithe name and address of any political committee to	
Full Name (Last, First, Middle Initial) Alonzo Cantu  Mailing Address P.O.Box 2673		Date of Receipt  1 0 1 2 2 0 0 7
City mcallen	State Zip Code TX 78502	Transaction ID: SA11AI.7080  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	250.00 contribution
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673	1	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.7201
<u>mcallen</u>	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial) Alonzo Cantu  Mailing Address P.O.Box 2673	<b>'</b>	Date of Receipt
	Ctoto Zio Codo	12 14 2007
City <u>mcallen</u>	State Zip Code TX 78502	Transaction ID: SA11AI.7332  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional	· I)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 125 (check only one)    X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
	Mailing Address 1000 N. Taylor Road		10 12 2007
	City <u>mcallen</u>	State Zip Code TX 78501	Transaction ID: SA11AI.7081  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
_	Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor Road			11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.7202
	mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
_	Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
	Mailing Address 1000 N. Taylor Road		1 2 1 4 2 0 0 7
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.7333  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 125 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PACE	the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt
Mailing Address 1016 E. Griffin Park	kway		M M / D D / Y Y Y Y Y Y 1 1 2 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7082
mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼	<del>- ' ' ' '</del>	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Jose Carreras	I		Date of Receipt
Mailing Address 1016 E. Griffin Park	kway		M M / D D / Y Y Y Y Y 1 1 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7203
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physiciar		contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Jose Carreras			Date of Receipt
Mailing Address 1016 E. Griffin Park	kway		M M / D D / Y Y Y Y Y 1 1 2 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7334
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A o	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pename and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
<u>∠</u> a.	Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt
	City	State Zip Code TX 78572	Transaction ID: SA11AI.7083
	mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution
 3.	Full Name (Last, First, Middle Initial)  Augusto Castrillon  Mailing Address 223 Rio Grande Drive		Date of Receipt  1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7205
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 2750.00	
. –	Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt
	Mailing Address 223 Rio Grande Drive		1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7335
	mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 125 (check only one)    X
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Α.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road		10 12 2007
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.7084
	FEC ID number of contributing federal political committee.	C 78372	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
	Mailing Address 2301 N. Bryan Road		11 16 2007
	City	State Zip Code	Transaction ID: SA11AI.7206
	mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	7
C.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
C.	Mailing Address 2301 N. Bryan Road		M M / D D / Y Y Y Y Y 1 1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7336
	mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City <u>weslaco</u> FEC ID number of contributing	State TX	Zip Code 78591	Transaction ID: SA11AI.7085  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed	Occupatio		250.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate	e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street			Date of Receipt
suite 1 City	State	Zip Code	1 1 1 6 2 0 0 7 Transaction ID: SA11AI.7207
weslaco FEC ID number of contributing federal political committee.	C	78591	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupatio physiciar	1	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan			Date of Receipt
Mailing Address 1210 East 8th street suite 1			12 14 2007
City weslaco	State TX	Zip Code 78591	Transaction ID: SA11AI.7337  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	]
SUBTOTAL of Receipts This Page (optional)			750.00

	Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 125 (check only one)    X	
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Diana Cortinas  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician Aggregate Year-to-Date ▼  1282.86	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) Diana Cortinas  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician Aggregate Year-to-Date  1492.07	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) Diana Cortinas  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician Aggregate Year-to-Date   1607.14	Date of Receipt    M	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	440.49	

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 25 / 125   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		· ·	
Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
Mailing Address 1224 Northgate Lane	е		M M / D D / Y Y Y Y Y 1 1 0 1 2 0 0 7
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7086
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period  129.67
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1431.49	
Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
Mailing Address 1224 Northgate Lane	е		1 1 1 6 2 0 0 7
City mcallen	State TX	Zip Code	Transaction ID: SA11AI.7208
FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period  128.51
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1560.00	
Full Name (Last, First, Middle Initial) Guillermo Cortinas			Date of Receipt
Mailing Address 1224 Northgate Lane	9		1 2 1 4 2 0 0 7
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7339
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period  70.68
Name of Employer self-employed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1630.68	
SUBTOTAL of Receipts This Page (optional)			328.86

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 26 / 125   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	<u>-                                      </u>	,,,	
Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
Mailing Address 1400 Northgate			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7087
mcallen  FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period  155.11
Name of Employer self-employed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1712.30	
Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
Mailing Address 1400 Northgate			1 1 1 6 2 0 0 7
City mcallen	State TX	Zip Code	Transaction ID: SA11AI.7210
FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼	1 ' '	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Javier Cortinas			Date of Receipt
Mailing Address 1400 Northgate			1 2 1 4 2 0 0 7
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7340
FEC ID number of contributing federal political committee.	C	76504	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	<del>- ''''</del>	Year-to-Date ▼ 2212.30	
SUBTOTAL of Receipts This Page (option	ıal)		655.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) David Deanda  Mailing Address 2408 Dorado  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78574  C  Occupation private investor  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78574  C  Occupation private investor  Aggregate Year-to-Date  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7212  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional) .	•	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Deanda  Mailing Address 2408 Dorado  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78574  C  Occupation private investor  Aggregate Year-to-Date  3000.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  M M / D D / 2007  Transaction ID: SA11AI.7089  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Jorge De La Garza  Mailing Address 120 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt  M M M 16 2007  Transaction ID: SA11AI.7211  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 29 / 125   (check only one)     X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE	<u> </u>	· · ·	
Full Name (Last, First, Middle Initial) Jorge De La Garza			Date of Receipt
Mailing Address 120 Condor			12 14 2007
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7343
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
Mailing Address 1615 Palazzo			10 12 2007
City	State	Zip Code	Transaction ID: SA11AI.7091
mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Alberto Duran			Date of Receipt
Mailing Address 1615 Palazzo			1 1 1 6 2007
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.7213
FEC ID number of contributing federal political committee.	C	70372	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional	al)	<b>\</b>	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
0	any information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
<b>4</b> .	Alberto Duran  Mailing Address 1615 Palazzo		Date of Receipt  1 2 1 4 2 0 0 7
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.7344
	FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
3.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar  Mailing Address 108 Yellow Hammer		Date of Receipt
	City	State Zip Code	1 0 1 2 2 0 0 7  Transaction ID: SA11AI.7092
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Kotthegal Eshwar		Date of Receipt
	Mailing Address 108 Yellow Hammer		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7214
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kotthegal Eshwar  Mailing Address 108 Yellow Hammer			Date of Receipt
City  mcallen  FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.7345  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  Other (specify)	Occupatio physiciar		contribution
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City	State	Zip Code	Date of Receipt  10 12 2007  Transaction ID: SA11AI.7093
mcallent  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General	Occupation physician Aggregate		Amount of Each Receipt this Period  250.00  contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Antonio Esparza  Mailing Address 136 W. Yucca	0 0		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallent  FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID: SA11AI.7215  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupatio physician Aggregate		contribution
SUBTOTAL of Receipts This Page (optional)			550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date   3000.00	contribution
 3.	Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road City rio grande city	State Zip Code	Date of Receipt  10 12 2007  Transaction ID: SA11AI.7095
	FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General	TX 78582  C  Occupation physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  250.00  contribution
 :.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Antonio Falcon  Mailing Address 2768 Pharmacy Road	2500.00	Date of Receipt  1 1 1 1 6 2 0 0 7
	City rio grande city  FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID: SA11AI.7216  Amount of Each Receipt this Period  250.00
	Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date   2750.00	contribution
S	UBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements mane name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Maria Elena Falcon  Mailing Address 2212 Westway			Date of Receipt
City mcallen FEC ID number of contributing	State TX	Zip Code 78504	Transaction ID: SA11AI.7094  Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	1	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	]
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway			Date of Receipt  1 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7217
mcallen  FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	1	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Maria Elena Falcon			Date of Receipt
Mailing Address 2212 Westway			12 14 2007
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7347  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer self-employed	Occupatio physiciar	1	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>(X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 34 / 125   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	<u>-</u>	, , , ,	
Full Name (Last, First, Middle Initial) Alberto Felici			Date of Receipt
Mailing Address 2309 W. Greenbri	ar Square		10 12 2007
City	State	Zip Code	Transaction ID: SA11AI.7096
mcallen  FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period  129.66
Name of Employer self-employed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1431.39	
Full Name (Last, First, Middle Initial) Alberto Felici			Date of Receipt
Mailing Address 2309 W. Greenbri	ar Square		11 16 2007
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7218
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	1'''	Year-to-Date ▼ 1681.39	
Full Name (Last, First, Middle Initial) Alberto Felici			Date of Receipt
Mailing Address 2309 W. Greenbri	ar Square		1 2 1 4 2 0 0 7
City mcallen	State TX	Zip Code	Transaction ID: SA11AI.7348
FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period  148.27
Name of Employer self-employed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1829.66	
SUBTOTAL of Receipts This Page (option	nal)	_	527.93

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
Mailing Address 320 Primrose		10 12 YYYY 10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7097
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
Mailing Address 320 Primrose		1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7219
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Marco Flores	I	Date of Receipt
Mailing Address 320 Primrose		12 14 2007
City	State Zip Code	Transaction ID: SA11AI.7349
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
OUDTOTAL (D TU D / . ii	al)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		-
	Full Name (Last, First, Middle Initial) Eugenio Galindo		Date of Receipt
	Mailing Address 5936 N. Cynthia		10 12 2007
	City <u>mcallen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.7098  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
_	Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
	Mailing Address 2800 Santa Teresa		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7099
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
_	Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
	Mailing Address 2800 Santa Teresa		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.7220  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
	SUBTOTAL of Receipts This Page (optional) .	•	750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 125 (check only one)    X   11a
or fo	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>f</u> 6	Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa  City mission FEC ID number of contributing rederal political committee.  Name of Employer self-employed  Receipt For:	State TX  C  Occupatio physician Aggregate		Date of Receipt    M
	Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Hiram Garcia	0 0	3000.00	Date of Receipt
- <u>1</u> 1 1 1	Mailing Address 2712 E. Mile 5 Road  City  mission  FEC ID number of contributing rederal political committee.  Name of Employer selfemployed	State TX  C Occupatio physiciar		Transaction ID: SA11AI.7100  Amount of Each Receipt this Period  25.93  contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 286.29	
C. <u>H</u>	Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E. Mile 5 Road  City mission  FEC ID number of contributing rederal political committee.  Name of Employer selfemployed	State TX  C Occupation physiciar	า	Date of Receipt    M M M
- F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 536.29	
SU	BTOTAL of Receipts This Page (optional)			525.93

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Hiram Garcia  Mailing Address 2712 E. Mile 5 Road		Date of Receipt
Oib.	Chata Zin Cada	12 14 2007
City mission	State Zip Code TX 78574	Transaction ID: SA11AI.7351  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70074	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	786.29	
Full Name (Last, First, Middle Initial) Rene Garza	I	Date of Receipt
Mailing Address 5404 N. 1st street		10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7101
<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7222
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	2750.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any pers name and address of any political committee to	
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor Aggregate Year-to-Date ▼  3000.00	Date of Receipt  1 2 1 4 2 0 0 7  Transaction ID: SA11AI.7352  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Lawrence Gelman  Mailing Address 3900 Sundown Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician Aggregate Year-to-Date  2500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Lawrence Gelman  Mailing Address 3900 Sundown Drive  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician Aggregate Year-to-Date  2750.00	Date of Receipt  M M M / D D D 2007  Transaction ID: SA11AI.7223  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	tatemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 125 (check only one)    X
	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Lawrence Gelman  Mailing Address 3900 Sundown Drive			Date of Receipt
	City mcallen	State TX	Zip Code 78503	Transaction ID: SA11AI.7353  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer selfemployed	Occupatio	n	250.00 contribution
	Receipt For:  Primary  General  Other (specify)	physiciar Aggregate	e Year-to-Date ▼ 3000.00	
В.	Full Name (Last, First, Middle Initial) Robert Genovese  Mailing Address 2208 Summer Breeze			Date of Receipt  10 12 2007
	City	State	Zip Code	Transaction ID: SA11AI.7103
	mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period  176.15
	Name of Employer selfemployed  Receipt For:	Occupation physician		contribution
	Primary General  Other (specify) ▼	Aggregate	1898.08	
- C.	Full Name (Last, First, Middle Initial) Robert Genovese  Mailing Address 2208 Summer Breeze			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7224
	mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period  202.79
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2100.87	
	SUBTOTAL of Receipts This Page (optional)			628.94

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 125 (check only one)    X   11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial)		
•	Robert Genovese  Mailing Address 2208 Summer Breeze		Date of Receipt
	City	State Zip Code	1 2 1 4 2 0 0 7  Transaction ID: SA11Al.7354
	mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	202.79
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2303.66	
_	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo	10 12 2007	
	City	State Zip Code	Transaction ID: SA11AI.7070
	<u>mcallen</u>	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	2500.00	
	Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
	Mailing Address 106 W. Flamingo		11 1 16 2007
	City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7225
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
	NIDTOTAL of Descripts This Days (autisms)		702.79

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Alvaro Giraldo		Date of Receipt
Mailing Address 106 W. Flamingo	7: 0 1	12 14 2007
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7355  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Ada Gonzalez		Date of Receipt
Mailing Address P.O. Box 9817		10 12 YYYYY 10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7104
<u>alamo</u>	TX 78516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.77 contribution
Name of Employer selfemployed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2072.92	
Full Name (Last, First, Middle Initial) Ada Gonzalez		Date of Receipt
Mailing Address P.O. Box 9817		11 16 2007
City	State Zip Code TX 78516	Transaction ID: SA11AI.7226
alamo  FEC ID number of contributing federal political committee.	TX 78516	Amount of Each Receipt this Period  186.09
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2259.01	
SUBTOTAL of Receipts This Page (optional)	•	623.86

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 43 / 125   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAGE	<u>-</u>	· · ·	
Full Name (Last, First, Middle Initial) Ada Gonzalez			Date of Receipt
Mailing Address P.O. Box 9817			12 14 2007
City alamo	State TX	Zip Code 78516	Transaction ID: SA11AI.7357
FEC ID number of contributing federal political committee.	C	76516	Amount of Each Receipt this Period  102.35
Name of Employer selfemployed	Occupation private in		contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2361.36	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt
Mailing Address 2305 Monaco Driv	е		10 12 2007
City mission	State TX	Zip Code 78574	Transaction ID: SA11AI.7105
FEC ID number of contributing federal political committee.	C	70374	Amount of Each Receipt this Period  116.21
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	1'''	Year-to-Date ▼ 1282.86	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez			Date of Receipt
Mailing Address 2305 Monaco Driv	e		1 1 1 6 2007
City mission	State TX	Zip Code	Transaction ID: SA11AI.7227
FEC ID number of contributing federal political committee.	C	78574	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1532.86	
SUBTOTAL of Receipts This Page (option	al)		468.56

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC			
۱.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez  Mailing Address 2305 Monaco Drive			Date of Receipt
	City	State	Zip Code	1 2 1 4 2 0 0 7 Transaction ID: SA11AI.7358
	mission	TX	78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.79
	Name of Employer selfemployed	Occupation		contribution
	Receipt For: Primary General Other (specify)	<del>, '' ' '</del>	e Year-to-Date ▼ 1699.65	
	Full Name (Last, First, Middle Initial) Jaime Gonzalez			Date of Receipt
	Mailing Address 3511 Plazas del Lago			10 12 7 9 9 9
	City	State	Zip Code	Transaction ID: SA11AI.7106
	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 contribution
	Name of Employer selfemployed	Occupation private in		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	
_	Full Name (Last, First, Middle Initial) Jaime Gonzalez			Date of Receipt
	Mailing Address 3511 Plazas del Lago			M M / D D / Y Y Y Y Y 1 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7228
	edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation private in		contribution
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' '                                 </del>	e Year-to-Date ▼ 2750.00	
	SUBTOTAL of Receipts This Page (optional)	1		666.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jaime Gonzalez  Mailing Address 3511 Plazas del Lago  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date  3000.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7229  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 46 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be s name and address of a	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>.</b> .	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)	State Zip TX 785  C  Occupation physician Aggregate Year-to-		Date of Receipt    M   M   1   1   4   2   0   0   7
<b>-</b> -	Full Name (Last, First, Middle Initial) Verley Gordon  Mailing Address 1700 E. Mile 3 Road  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip TX 785  C  Occupation physician Aggregate Year-to-		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7108  Amount of Each Receipt this Period  250.00  contribution
	Full Name (Last, First, Middle Initial) Verley Gordon  Mailing Address 1700 E. Mile 3 Road  City  mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip TX 785  C Occupation physician Aggregate Year-to-	0 0 0	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7230  Amount of Each Receipt this Period  250.00  contribution
[;	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 47/125   (check only one)     X		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		area or any poniosa sommittee o			
Full Name (Last, First, Middle Initial) Verley Gordon			Date of Receipt		
	•				
City	State	Zip Code	1 2 1 4 2 0 0 7 Transaction ID: SA11AI.7360		
mission  FEC ID number of contributing federal political committee.	C	78574	Amount of Each Receipt this Period  250.00		
Name of Employer selfemployed	Occupatio physiciar		contribution		
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt		
Mailing Address 905 Inspiratin Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.7109		
FEC ID number of contributing federal political committee.	C	76577	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupatio physiciar		contribution		
Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 2500.00			
Full Name (Last, First, Middle Initial) Enrique Griego			Date of Receipt		
Mailing Address 905 Inspiratin Drive	1		1 1 1 6 2007		
City pharr	State TX	Zip Code 78577	Transaction ID: SA11AI.7231		
FEC ID number of contributing federal political committee.	C	76577	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupatio physiciar		contribution		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 2750.00			
SUBTOTAL of Receipts This Page (optional)			750.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 125 (check only one)    X   11a
A 0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
/	BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial)		
<b>A</b> .	Enrique Griego  Mailing Address 905 Inspiratin Drive		Date of Receipt  1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7361
	pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
3.	Full Name (Last, First, Middle Initial) Daniel Guerra  Mailing Address 101 S. Broadway	1	Date of Receipt
	City	State Zip Code	1 2 1 4 2 0 0 7 Transaction ID: SA11AI.7363
	Mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer self-employed	Occupation physician	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 :.	Full Name (Last, First, Middle Initial) John Guerra	1	Date of Receipt
	Mailing Address 3105 Forest Court		10 12 2007
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.7110  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
ſ,	SUBTOTAL of Receipts This Page (optional) .		600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (cricer orly orle)
A or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by a ename and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
	Mailing Address 3105 Forest Court		11 1 16 2007
	City mission	State Zip Code TX 78572	Transaction ID: SA11AI.7232  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 703/2	100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
	Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
	Mailing Address 3105 Forest Court		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7364
	mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  100.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	.00
_	Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt
	Mailing Address 13337 Borolo Drive		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7111
	edinburg FEC ID number of contributing federal political committee.	TX 78541	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Γ,	SUBTOTAL of Receipts This Page (optional) .		450.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 125 (check only one)    X
or for commerci	copied from such Reports and St al purposes, other than using the COMMITTEE (In Full) HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Marcy Guerra Mailing Addr  City edinburg  FEC ID num federal polition  Name of Em selfemployed  Receipt For: Primar	aber of contributing cal committee.	State TX  C  Occupation physician Aggregate		Date of Receipt    M M M
Marcy Guerra Mailing Addr  City edinburg  FEC ID num federal polition  Name of Em selfemployed  Receipt For: Primar	aber of contributing cal committee.	State TX C Occupation physician Aggregate	Zip Code 78541	Date of Receipt    M M M
Rodolfo Guer Mailing Addr  City Weslaco FEC ID num federal polition  Name of Em selfemployed  Receipt For: Primar	aber of contributing cal committee.	State TX  C  Occupation physician Aggregate		Date of Receipt  M M M
SUBTOTAL of	Receipts This Page (optional)			745.88

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 125 (check only one)    X
Any information copied from for commercial purpose NAME OF COMMITS BORDER HEALTI	es, other than using the name ar EE (In Full)	s may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Rodolfo Guerrero Mailing Address 14	,		Date of Receipt  1 1 1 6 2 0 0 7
City weslaco	Sta TX	•	Transaction ID: SA11AI.7234  Amount of Each Receipt this Period
FEC ID number of co federal political comm Name of Employer selfemployed	ittee. Occu	pation	243.68 contribution
Receipt For: Primary Other (specify)	General Aggr	egate Year-to-Date ▼ 2721.24	
Full Name (Last, Firs Rodolfo Guerrero Mailing Address 14	, Middle Initial) 02 E. 8th Street		Date of Receipt  1 2 1 4 2 0 0 7
City	Sta	te Zip Code	Transaction ID: SA11AI.7366
weslaco	TX	78596	Amount of Each Receipt this Period
FEC ID number of co federal political comm			134.02
Name of Employer selfemployed		pation iician	contribution
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 2855.26	
Full Name (Last, Firs Alberto Gutierrez Mailing Address 60	, Middle Initial) 20 Wisconsin		Date of Receipt  10 12 2007
City	Sta	te Zip Code	Transaction ID: SA11AI.7113
edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00 contribution
Name of Employer selfemployed	phys	pation sician 	Continuation
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipt	s This Page (optional)		627.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 52 / 125   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		area or any poniosa sommittee o	, solicit con in accordance in a con accordance in a constant a constan
Full Name (Last, First, Middle Initial) Alberto Gutierrez			Date of Receipt
Mailing Address 6020 Wisconsin			1 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7235
edinburg  FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez	1		Date of Receipt
Mailing Address 6020 Wisconsin			1 2 1 4 2 0 0 7
City edinburg	State TX	Zip Code 78539	Transaction ID: SA11AI.7367
FEC ID number of contributing federal political committee.	C	70009	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Marco Gutierrez			Date of Receipt
Mailing Address 511 N. Depot Road			10 12 2007
City edinburg	State TX	Zip Code	Transaction ID: SA11AI.7114
FEC ID number of contributing federal political committee.	C	78541	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional	J)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road  City  edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78541  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road  City  edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78541  C  Occupation physician Aggregate Year-to-Date  3000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician Aggregate Year-to-Date  2500.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Miguel Gutierrez  Mailing Address 224 Lindberg  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive Sou City mcallen FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7116  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack  City mcallen	State Zip Code TX 78501	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C	92.23
	Name of Employer self-employed  Receipt For:  Primary  General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date   1018.24	
В.	Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.7239
	<u>mcallen</u>	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	110.22
	Name of Employer self-employed	Occupation private investor	— contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1128.46	
C.	Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
	Mailing Address 820 Tamarack		12 14 2007
	City	State Zip Code TX 78501	Transaction ID: SA11AI.7370
	mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  60.62
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1189.08	
	SUBTOTAL of Receipts This Page (optional)		263.07
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial)  Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt
	City Pharr	State Zip Code TX 78577	Transaction ID: SA11AI.7309  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  250.	
В.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt  1 2 1 4 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7372
	Pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed  Receipt For:	Occupation physician Aggregate Year-to-Date	contribution
	Primary General Other (specify) ▼	500.	00
C.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez		Date of Receipt
	Mailing Address 301 Byron Nelson Driv #40 Villas Jardin		10 12 2007
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.7118  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.	00
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number		•

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 125 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive #40 Villas Jardin  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive #40 Villas Jardin  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D A 2007  Transaction ID: SA11AI.7371  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road  City  pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M   M   D   D   2 0 0 7    Transaction ID: SA11AI.7119    Amount of Each Receipt this Period   250.00    contribution   250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the Coneck only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		1
Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt  1 1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7241
pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	2750.00
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt
·	75.0.4	12 14 2007
City pharr	State Zip Code TX 78577	Transaction ID: SA11AI.7373  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	3000.00
Full Name (Last, First, Middle Initial) Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		10 12 2007
City mission	State Zip Code TX 78572	Transaction ID: SA11AI.7120  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	2500.00
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any per e name and address of any political committee	
Full Name (Last, First, Middle Initial) Vincent Honrubia  Mailing Address 204 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt    M   M   D   D   C   C   C   C
Full Name (Last, First, Middle Initial) Vincent Honrubia  Mailing Address 204 Rio Grande  City  mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 125 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal committee to any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donna Joule  Mailing Address 708 S H Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  275.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donna Joule  Mailing Address 708 S H Street  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation physician Aggregate Year-to-Date  300.00	Date of Receipt    M   M   D   D   2007   Transaction ID: SA11AI.7375   Amount of Each Receipt this Period   25.00   contribution
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street  City mcAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	•	300.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 125 (check only one)    X
Any information copied from su or for commercial purposes, ot NAME OF COMMITTEE (I BORDER HEALTH FEI	her than using the name and ac n Full)	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Nelson Kalaf Mailing Address 5401 N  City mcAllen  FEC ID number of contribut federal political committee.  Name of Employer selfemployed  Receipt For: Primary Other (specify)	State TX  Occupati physicia		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7245  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Midd Nelson Kalaf Mailing Address 5401 N  City mcAllen  FEC ID number of contribut federal political committee.  Name of Employer selfemployed  Receipt For: Primary Other (specify)	State TX  Occupation physicia		Date of Receipt    M
City rio grande city  FEC ID number of contribut federal political committee.  Name of Employer selfemployed  Receipt For:	alm Circle  State TX  ting  C  Occupation physicia		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7123  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This	Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gauri Kanhere  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78582  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7246  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Gauri Kanhere  Mailing Address 2548 Palm Circle  City  rio grande city  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78582  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7124  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 125 (check only one)    X   11a
A 0	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
۱.	Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.7247
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
- s.	Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt
	City	State Zip Code	1 2 1 4 2 0 0 7 Transaction ID: SA11AI.7379
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
. –	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz		Date of Receipt
	Mailing Address 5111 N. 10th Street		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7125
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Γ.	SUBTOTAL of Receipts This Page (optional) .	1	750.00

ľ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	totomonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 125 (check only one)    X   11a
	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	name and add	rnot be sold of used by any pers dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street			Date of Receipt  1 1
	City	State	Zip Code	Transaction ID: SA11AI.7249
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician Aggregate		contribution
 3.	Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street			Date of Receipt  1 2 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7380
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 contribution
	Name of Employer selfemployed	Occupation physician	1	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
- :.	Full Name (Last, First, Middle Initial) Alejandro Kudisch Mailing Address 323 Nightingale			Date of Receipt  10 12 2007
	City	State	Zip Code	Transaction ID: SA11AI.7126
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation	ו	contribution
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	l		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 125 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Alejandro Kudisch Mailing Address 323 Nightingale		Date of Receipt
Mailing Address 323 Nightingale  City	State Zip Code	1 1 1 6 2 0 0 7  Transaction ID: SA11AI.7250
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physcian	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial) Alejandro Kudisch		Date of Receipt
Mailing Address 323 Nightingale		12 14 2007
City	State Zip Code	Transaction ID: SA11AI.7381
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physcian	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt
Mailing Address Rt 2 Box 522-K		10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7127
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Continbution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2500.00	
SURTOTAL of Receipts This Page (ontional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 66 / 125   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-K			1 1 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7251
weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Jorge Kutugata			Date of Receipt
Mailing Address Rt 2 Box 522-K			12 14 2007
City	State	Zip Code	Transaction ID: SA11AI.7382
weslaco FEC ID number of contributing federal political committee.	C	78596	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Ramiro Leal			Date of Receipt
Mailing Address 601 Tulip			10 12 2007
City mcallen	State TX	Zip Code 78504	Transaction ID: SA11AI.7129
FEC ID number of contributing federal political committee.	C	76304	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional	)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Dale Linebarger  Mailing Address 901 West 9th Street #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78703  C  Occupation private investor  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· • • • • • • • • • • • • • • • • • • •	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e Cileck offly offe)
A oı	r for commercial purposes, other than using the	atements may not be sold or used by at name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		11 1 16 2007
	City austin	State Zip Code TX 78703	Transaction ID: SA11AI.7253  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2750.	
	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7384
	austin  FEC ID number of contributing federal political committee.	TX 78703	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.	00
_	Full Name (Last, First, Middle Initial)		0 0
	Alfredo Lopez  Mailing Address 7609 N. 24th Circle		Date of Receipt    M M
	City	State Zip Code	Transaction ID: SA11AI.7131
	mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.	00
Γ,	SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Alfredo Lopez		Date of Receipt
	Mailing Address 7609 N. 24th Circle City	State Zip Code	1 1 1 1 6 2 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	mcallen	TX 78504	Transaction ID: SA11AI.7254  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
	Full Name (Last, First, Middle Initial) Alfredo Lopez	I	Date of Receipt
	Mailing Address 7609 N. 24th Circle		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7385
	mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
_	Full Name (Last, First, Middle Initial) Julio Lopez		Date of Receipt
	Mailing Address 1311 6th E. Street		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7132
	weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period  81.34
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 897.99	
	SUBTOTAL of Receipts This Page (optional)	1	581.34

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 125 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Julio Lopez		Date of Receipt
	Mailing Address 1311 6th E. Street		11 1 16 2007
	City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.7255  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	127.64
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1025.63	
_	Full Name (Last, First, Middle Initial) Julio Lopez		Date of Receipt
	Mailing Address 1311 6th E. Street		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7386
	Weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period  70.20
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1095.83	
_	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
	Mailing Address 3801 Sundown Court	East	10 12 2007
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.7133  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)	1	447.84

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 125 (check only one)    X   11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
	Mailing Address 3801 Sundown Court E	-ast	1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7291
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	2750.00	
_	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt
	Mailing Address 3801 Sundown Court E	East	12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7387
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00	
_	Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
	Mailing Address 116 Cardinal		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7134
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
Г			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pere name and address of any political committee	
BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Guillermo Marquez Mailing Address 1702 Trinity Road  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee t	
Full Name (Last, First, Middle Initial) Agustin Martinez  Mailing Address 7603 N. 2nd Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M   M   D   D   2 0 0 7   Transaction ID: SA11AI.7136   Amount of Each Receipt this Period   250.00   contribution
Full Name (Last, First, Middle Initial) Agustin Martinez  Mailing Address 7603 N. 2nd Lane  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt    M   M   D   D   2007   Transaction ID: SA11AI.7257   Amount of Each Receipt this Period   250.00   contribution
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	itatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt
	City edinburg	State Zip Code TX 78539	Transaction ID: SA11AI.7137  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date   2500.00	Contribution
В.	Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.7258
	<u>edinburg</u>	TX 78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	CONTRIBUTION
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
С.	Full Name (Last, First, Middle Initial) Ricardo Martinez		Date of Receipt
	Mailing Address 1903 W. Smith		12 14 2007
	City	State Zip Code TX 78539	Transaction ID: SA11AI.7390
	edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 125 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Santos Martinez  Mailing Address 125 East Yucca		Date of Receipt
City	State Zip Code	1 0 1 2 2 0 0 7 Transaction ID: SA11AI.7138
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 2500.00	7
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca		Date of Receipt
		11 16 2007
City	State Zip Code	Transaction ID: SA11AI.7259
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation private investor	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt
Mailing Address 125 East Yucca		12 14 2007
City	State Zip Code	Transaction ID: SA11AI.7391
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	3000.00	
CURTOTAL of Possints This Poss (entional)		750.00

A . ( .:		13 14 15 16 17
or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Pedro McDougal  Mailing Address 1516 Iris  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 125 (check only one)    X   11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC			
	Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street			Date of Receipt
				10 12 2007
	City mcallen	State TX	Zip Code 78501	Transaction ID: SA11AI.7140  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 2500.00	
	Full Name (Last, First, Middle Initial) Bertha Medina			Date of Receipt
	Mailing Address 1300 1 1/2 Street			1 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.7261
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 contribution
	Name of Employer selfemployed	Occupation physician		Contribution
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2750.00	
_	Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
	Mailing Address 3002 Santa Susana			10 12 2007
	City	State	Zip Code	Transaction ID: SA11AI.7141
	mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 245.88
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2477.56	
Г	SUBTOTAL of Receipts This Page (optional)	1		745.88

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE /8 / 125   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
Mailing Address 3002 Santa Susana			1 1 1 6 2007
City	State	Zip Code	Transaction ID: SA11AI.7262
mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 2727.56	
Full Name (Last, First, Middle Initial) Manuel Mercado			Date of Receipt
Mailing Address 3002 Santa Susana			12 14 2007
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.7393
FEC ID number of contributing federal political committee.	C	70072	Amount of Each Receipt this Period 237.48
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 2965.04	
Full Name (Last, First, Middle Initial) Carlos Mohamed			Date of Receipt
Mailing Address 5408 N. Cynthia			10 12 2007
City	State	Zip Code	Transaction ID: SA11AI.7142
mcallen  FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	1 1 1 1	e Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			737.48

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any persename and address of any political committee t	
Full Name (Last, First, Middle Initial) Carlos Mohamed  Mailing Address 5408 N. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Carlos Mohamed  Mailing Address 5408 N. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Carlos Morales  Mailing Address 3325 Kent Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Morales  Mailing Address 3325 Kent Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carlos Morales  Mailing Address 3325 Kent Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Leonel Moreno  Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  1431.49	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	629.67

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	
BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive		M M / D D / Y Y Y Y Y Y 1 1 1 6 2 0 0 7
City <u>mission</u>	State Zip Code TX 78572	Transaction ID: SA11AI.7264  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	128.51
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	
Full Name (Last, First, Middle Initial) Leonel Moreno  Mailing Address 1608 Woods Drive		Date of Receipt
City	State Zip Code	12 14 2007
mission	TX 78572	Transaction ID: SA11AI.7396  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.86
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 1785.86	
Full Name (Last, First, Middle Initial) Gregoris Nunez		Date of Receipt
Mailing Address 1604 East Eight suite b		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City weslaco	State Zip Code TX 78596	Transaction ID: SA11AI.7145  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.21
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1282.86	
SUBTOTAL of Receipts This Page (optional)		470.58

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 125 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u>	Full Name (Last, First, Middle Initial) Gregoris Nunez  Mailing Address 1604 East Eight suite b  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M   M   16   2007   Transaction ID: SA11AI.7265   Amount of Each Receipt this Period   115.17   contribution
3.	Full Name (Last, First, Middle Initial) Gregoris Nunez  Mailing Address 1604 East Eight suite b  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date   1461.37	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7397  Amount of Each Receipt this Period  63.34  contribution
	Full Name (Last, First, Middle Initial) Juan Ortiz  Mailing Address 4501 N. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)	•	428.51

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 125 (check only one)    X   11a
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by any produced and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
۷.	Full Name (Last, First, Middle Initial) Juan Ortiz		Date of Receipt
	Mailing Address 4501 N. Cynthia		11 16 2007
	City	State Zip Code TX 78504	Transaction ID: SA11AI.7266
	mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
	·	Occupation	contribution
	Name of Employer selfemployed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
_ 3.	Full Name (Last, First, Middle Initial) Juan Ortiz		Date of Receipt
-	Mailing Address 4501 N. Cynthia		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7398
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00	
_	Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt
-	Mailing Address 600 Tulip		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7147
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
Г			750.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 125 (check only one)    X
or for comme	ion copied from such Reports and Si ercial purposes, other than using the COMMITTEE (In Full) R HEALTH FEDERAL PAC	tatements may name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Armando of Mailing Armando of Mailing Armando of Selfemplo Receipt F	umber of contributing slitical committee.	State TX  C  Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name Armando of Mailing Armando of City mcallen FEC ID n federal po Name of I selfemplo	e (Last, First, Middle Initial) Osio ddress 600 Tulip  umber of contributing slitical committee.	State TX  C  Occupation physician Aggregate	Zip Code 78504  Year-to-Date ▼ 3000.00	Date of Receipt    M
City  Mailing Ad  City  Mcallen  FEC ID n  federal po  Name of I  selfemplo  Receipt F	ddress 121 E. Quamasia #148 umber of contributing slitical committee.	State TX  C  Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL	of Receipts This Page (optional)		······	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 125 (check only one)    X
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
$\angle$	BORDER HEALTH FEDERAL PAC		
۱.	Full Name (Last, First, Middle Initial) Fernando Otero  Mailing Address 121 E. Quamasia		Date of Receipt
	#148	Ctata Zin Cada	11 16 2007
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.7268  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
. –	Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
	Mailing Address 121 E. Quamasia #148		12 14 2007
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.7400  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70301	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
	Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt
	Mailing Address 2305 Red River		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7149
	mcallen  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  245.88
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2477.56	
	UBTOTAL of Receipts This Page (optional)	1	745.88

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee to	
BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial) Kip Owen  Mailing Address 2305 Red River  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M J D D J Z D O 7  Transaction ID: SA11AI.7248  Amount of Each Receipt this Period  243.68  contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial) Kip Owen  Mailing Address 2305 Red River  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	State Zip Code TX 78572  C	Date of Receipt    M M M
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary	physician Aggregate Year-to-Date ▼  2855.26	Date of Receipt
City  mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID: SA11AI.7150  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
SUBTOTAL of Receipts This Page (optional)		627.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 125 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Prakash Palimar  Mailing Address 121 Canary  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive  City Weslaco FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		616.21

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee t	
Full Name (Last, First, Middle Initial) Ruben Pechero  Mailing Address 5508 N. Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78502  C  Occupation Physician Aggregate Year-to-Date  2250.00	Date of Receipt  10 12 2007  Transaction ID: SA11AI.7152  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Ruben Pechero  Mailing Address 5508 N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78502  C  Occupation Physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Ruben Pechero  Mailing Address 5508 N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78502  C  Occupation Physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 125 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	
BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird		Date of Receipt
City	State Zip Code	1 0 1 2 2 0 0 7  Transaction ID: SA11AI.7153
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
Mailing Address 100 Bluebird		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7271
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2750.00	]
Full Name (Last, First, Middle Initial) Jose Pena		Date of Receipt
Mailing Address 100 Bluebird		12 14 2007
City mcallen	State Zip Code TX 78504	Transaction ID: SA11AI.7404  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 125 (check only one)    X
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Juan Pena		Date of Receipt
	Mailing Address 905 S. Huisache Cou	rt	10 12 2007
	City	State Zip Code TX 78577	Transaction ID: SA11AI.7154
	pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
- 3.	Full Name (Last, First, Middle Initial)  Juan Pena  Mailing Address - OOF S. Livingship Court		Date of Receipt
	Mailing Address 905 S. Huisache Cou	π	11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.7272
	pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period  250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
_	Full Name (Last, First, Middle Initial) Juan Pena		Date of Receipt
	Mailing Address 905 S. Huisache Cou	rt	12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7405
	pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
	SUPTOTAL of December This Page (entional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial)  Ernie Perez		Date of Receipt
	Mailing Address P.O. Box 5360  City	State Zip Code	10 12 2007  Transaction ID: SA11AI.7155
	mcallen	TX 78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	58.11
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 641.45	
 3.	Full Name (Last, First, Middle Initial) Ernie Perez  Mailing Address P.O. Box 5360		Date of Receipt
		7.0.1	11 16 2007
	City mcallen	State Zip Code TX 78502	Transaction ID: SA11AI.7273
	FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period  104.61
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  746.06	
 ;.	Full Name (Last, First, Middle Initial) Ernie Perez		Date of Receipt
	Mailing Address P.O. Box 5360		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7406
	mcallen  FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period  57.54
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 803.60	
	SUBTOTAL of Receipts This Page (optional)		220.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2654.35	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 6 2 0 0 7  Transaction ID: SA11AI.7274  Amount of Each Receipt this Period  230.33  contribution
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  2781.03	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional) .	·	589.42

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any pe e name and address of any political committee	
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	1431.49	
Sergio Preciado  Mailing Address 521 E. Bluebird		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.7275
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1681.49	
Full Name (Last, First, Middle Initial) Sergio Preciado	1	Date of Receipt
Mailing Address 521 E. Bluebird		12 14 2007
City	State Zip Code	Transaction ID: SA11AI.7408
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1855.62	
SUBTOTAL of Receipts This Page (optional) .		553.80

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 94 / 125   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
Mailing Address 1608 Woods Drive			10 12 2007
City	State	Zip Code	Transaction ID: SA11AI.7158
mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
Mailing Address 1608 Woods Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State TX	Zip Code 78572	Transaction ID: SA11AI.7276
FEC ID number of contributing federal political committee.	C	70072	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Sergio Ramirez			Date of Receipt
Mailing Address 1608 Woods Drive			1 2 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7409
mission  FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional	)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A oi	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۸.	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
	Mailing Address 1301 S. Perking		10 12 2007
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.7159  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physicain	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
	Full Name (Last, First, Middle Initial) Gustavo Ramos		Date of Receipt
	Mailing Address 1301 S. Perking		11 1 16 2007
	City	State Zip Code	Transaction ID: SA11AI.7277
	mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physicain	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
 ;.	Full Name (Last, First, Middle Initial) Gustavo Ramos	1	Date of Receipt
	Mailing Address 1301 S. Perking		12 14 2007
	City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.7410
	FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physicain	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
	SUBTOTAL of Receipts This Page (optional) .		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 125 (check only one)    X
or f	y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>1.</b>	Full Name (Last, First, Middle Initial) R.V. Reddy  Mailing Address 1500 Southland Drive  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State TX  C  Occupation physician Aggregate		Date of Receipt    M M M
3.	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State TX C Occupation physician Aggregate		Date of Receipt    M M
<b>).</b>	Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive City Weslaco FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State TX  C  Occupation physician Aggregate		Date of Receipt    M M
SI	JBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 125 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personant and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M J D D J 2 2007  Transaction ID: SA11AI.7162  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Homero Rivas  Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt  M M M / D D / Y Y Y Y  Transaction ID: SA11AI.7280  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Homero Rivas  Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt    M   M   14   2007   Transaction ID: SA11AI.7413   Amount of Each Receipt this Period   250.00   contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any per- e name and address of any political committee	
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physcian  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Benjamin Robalino  Mailing Address 1217 S. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78501  C  Occupation physcian  Aggregate Year-to-Date ▼  2750.00	Date of Receipt    M   M   D   D   C   Y   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physcian  Aggregate Year-to-Date ▼  3000.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 125 (check only one)    X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
A.	Full Name (Last, First, Middle Initial)  Jose Rodriquez		Date of Receipt
	Mailing Address 8500 N. Taylor	0) d = 7' - 0 - d -	10 12 2007
	City <u>mcallen</u>	State Zip Code TX 78504	Transaction ID: SA11AI.7164  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	59.72
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 841.69	
ь. В.	Full Name (Last, First, Middle Initial) Jose Rodriquez		Date of Receipt
	Mailing Address 8500 N. Taylor		11 16 2007
	City	State Zip Code TX 78504	Transaction ID: SA11AI.7282
	mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  59.19
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	900.88	
С. С.	Full Name (Last, First, Middle Initial) Jose Rodriquez		Date of Receipt
	Mailing Address 8500 N. Taylor		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7415
	mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  32.55
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 933.43	1
_	Other (specify) ▼	300.40	
	SUBTOTAL of Receipts This Page (optional)		151.46
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 125 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor Aggregate Year-to-Date  1250.00	Date of Receipt  10 12 2007  Transaction ID: SA11AI.7165  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC		
· -	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt
	Mailing Address 2308 Monaco Drive		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7168
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify)	2500.00	
	Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt
	Mailing Address 2308 Monaco Drive		1 1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.7284
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	
	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq	uare	10 12 YYYY 10 12
	City	State Zip Code	Transaction ID: SA11AI.7167
	mcallen	TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	2500.00	
Г			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 125 (check only one)    X   11a
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC		
۱.	Full Name (Last, First, Middle Initial)  JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq		11 1 16 2007
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.7285  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
	Full Name (Last, First, Middle Initial)  JJ Saenz		Date of Receipt
	Mailing Address 2400 S.E. Augusta Sq	uare	12 14 2007
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.7417
	FEC ID number of contributing federal political committee.	C 78303	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00	
_	Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt
	Mailing Address 3300 S. 2nd suite 10		10 12 2007
	City mcallen	State Zip Code TX 78503	Transaction ID: SA11AI.7128  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation private investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
	UBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Safir  Mailing Address 3300 S. 2nd suite 10  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation private investor Aggregate Year-to-Date  2750.00	Date of Receipt  M M / D D D / Y Y Y Y Y  Transaction ID: SA11Al.7286  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Larry Safir  Mailing Address 3300 S. 2nd suite 10  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation private investor  Aggregate Year-to-Date ▼  3000.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mariano Salinas  Mailing Address 2007 Brazos Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mariano Salinas  Mailing Address 2007 Brazos Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mariano Salinas  Mailing Address 2007 Brazos Court  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date  2936.52	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Manuel Sanchez  Mailing Address 2804 Santa Lydia  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b></b>	686.52

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 106 / 125   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial)  Manuel Sanchez			Date of Receipt
Mailing Address 2804 Santa Lydia			1 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7288
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Manuel Sanchez			Date of Receipt
Mailing Address 2804 Santa Lydia			1 2 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.7420
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	3000.00	
Full Name (Last, First, Middle Initial) Michael Seiba			Date of Receipt
Mailing Address P. O. Box 4556			10 12 2007
City	State	Zip Code	Transaction ID: SA11Al.7171
mcallen	TX	78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupatio physiciar		contribution
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		2500.00	
			1

City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Primary General Other (specify) ▼  Cocupation Drivate investor  Full Name (Last, First, Middle Initial)  John Sharp  Name of Employer general Other (specify) ▼  Cocupation Drivate investor  FEC ID number of contributing federal political committee.  Cocupation Drivate investor  Aggregate Year-to-Date ▼  Tx 78767  FEC ID number of contributing federal political committee.  Cocupation Drivate investor  FEC ID number of contributing federal political committee.  Cocupation Drivate investor  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt Tone Transaction ID: SA11AI.7289  Amount of Each Receipt this Period Contribution  Contribution  Transaction ID: SA11AI.7220  Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421  Amount of Each Receipt this Period Transaction ID: SA11AI.7421	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Date of Receipt	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address P. O.Box 236  City State Zip Code TX 78767  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Other (specify) ▼  City State Zip Code TX 78767  CC  Name (Last, First, Middle Initial) Date of Receipt For: Primary General Other (specify) ▼  City State Zip Code Txansaction ID: SA11AI.7289  Amount of Each Receipt this Period Contribution  Contribution  Date of Receipt Transaction ID: SA11AI.7289  Amount of Each Receipt this Period Contribution  Date of Receipt Transaction ID: SA11AI.7289  Amount of Each Receipt this Period Tyransaction ID: SA11AI.7289  Amount of Each Receipt this Period Tyransaction ID: SA11AI.7289  Date of Receipt Transaction ID: SA11AI.7289  Amount of Each Receipt Tyransaction ID: SA11AI.7289  Date of Receipt Tyransaction ID: SA11AI.7289  Transaction ID: SA11AI.7289  Amount of Each Receipt Transaction ID: SA11AI.7289  Transaction ID: SA11AI.7289  Amount of Each Receipt Transaction ID: SA11AI.7289  Transaction ID: SA1	John Sharp  Mailing Address P. O.Box 236  City  austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General	TX 78767  C  Occupation private investor  Aggregate Year-to-Date ▼  2500.00	Transaction ID: SA11AI.7172  Amount of Each Receipt this Period  250.00
Date of Receipt  Mailing Address P. O.Box 236  City State Zip Code Transaction ID: SA11AI.7421  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General  Date of Receipt  Transaction ID: SA11AI.7421  Amount of Each Receipt this Period  Contribution  Contribution	John Sharp  Mailing Address P. O.Box 236  City  austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General	TX 78767  C  Occupation private investor  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.7289  Amount of Each Receipt this Period  250.00
	John Sharp  Mailing Address P. O.Box 236  City  austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General	TX 78767  C  Occupation private investor  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.7421  Amount of Each Receipt this Period  190.02
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	690.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	statements may not be sold or used by any person r name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tawhid Shuaib  Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M J D D J Z 2 0 0 7  Transaction ID: SA11AI.7173  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Tawhid Shuaib  Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt    M   M   D   D   2 0 0 7   Transaction ID: SA11AI.7290   Amount of Each Receipt this Period   250.00   contribution
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dennis Slavin  Mailing Address 1501 S. Oklahoma		Date of Receipt
City	State Zip Code	1 2 1 4 2 0 0 7  Transaction ID: SA11AI.7423
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7174
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Jose Trejo	1	Date of Receipt
Mailing Address 112 S. Broadway		M M / D D / Y Y Y Y Y Y 1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7292
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed	Occupation private investor	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt
City	State Zip Code	1 2 1 4 2 0 0 7  Transaction ID: SA11AI.7426
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Juan Trevino		Date of Receipt
Mailing Address 205 E. Toronto		10 12 2007
City	State Zip Code	Transaction ID: SA11AI.7175
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	]
Full Name (Last, First, Middle Initial) Juan Trevino		Date of Receipt
Mailing Address 205 E. Toronto		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7293
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer selfemployed	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	550.00	
		350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any persename and address of any political committee to	
Full Name (Last, First, Middle Initial) Juan Trevino Mailing Address 205 E. Toronto  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 6 2 0 0 7  Transaction ID: SA11AI.7294  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional) .		550.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
A 0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	atements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
<u>∠</u>	Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M M
<b>-</b>	Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date  2	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7177  Amount of Each Receipt this Period  250.00  contribution
	Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M J D D D J 2007  Transaction ID: SA11AI.7295  Amount of Each Receipt this Period  250.00  contribution
	SUBTOTAL of Receipts This Page (optional)		750.00

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 113 / 125   (check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may	/ not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	TIAITIE AIIU AUC	diess of any political committee to	o solicit contributions from such committee.
BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) Marcel Twahirwa			Date of Receipt
Mailing Address 2403 El Encino Drive			12
City	State	Zip Code	Transaction ID: SA11AI.7429
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		3000.00	7
Other (specify)	0 0	0000.00	
Full Name (Last, First, Middle Initial) Jose Vasquez			Date of Receipt
Mailing Address 2548 Palm Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7178
rio grande city	TX	78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General  Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial) Jose Vasquez			Date of Receipt
Mailing Address 2548 Palm Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7296
rio grande city	TX	78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For:	+ +	Year-to-Date <b>V</b>	
Primary General		2750.00	1
Other (specify) ▼		2730.00	
SUBTOTAL of Receipts This Page (optional)	-		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
A 0	r for commercial purposes, other than using the	Statements may not be sold or used by any any aname and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC		
	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		12 14 2007
	City	State Zip Code	Transaction ID: SA11AI.7378
	rio grande city	TX 78582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00	0
_	Full Name (Last, First, Middle Initial) Ramiro Verdoreen	1	Date of Receipt
	Mailing Address 301 E. Newport		10 12 2007
	City	State Zip Code	Transaction ID: SA11AI.7179
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 contribution
	Name of Employer selfemployed	Occupation physician	Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	2500.00	0
	Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
	Mailing Address 301 E. Newport		1 1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7297
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2750.00	0 "
Г			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 125 (check only one)    X
Ar	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial)		
۱.	Ramiro Verdoreen  Mailing Address 301 E. Newport		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State Zip Code	Transaction ID: SA11AI.7430
	mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
 3.	Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt
			10 12 2007
	City mission	State Zip Code TX 78573	Transaction ID: SA11AI.7180  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
_	Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
	Mailing Address P. O. Box 1632		1 1 1 6 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.7298
	mission  FEC ID number of contributing federal political committee.	TX 78573	Amount of Each Receipt this Period  125.00
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
			500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any personant name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Villalta  Mailing Address P. O. Box 1632  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78573  C  Occupation physician  Aggregate Year-to-Date ▼  1500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Rita Villanueva  Mailing Address 801 E. Nolana Suite 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1569.16	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 2 2 0 0 7  Transaction ID: SA11AI.7181  Amount of Each Receipt this Period  142.14  contribution
Full Name (Last, First, Middle Initial) Rita Villanueva  Mailing Address 801 E. Nolana Suite 4  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1710.03	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		408.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may e name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Rita Villanueva  Mailing Address 801 E. Nolana Suite 4  City mcallen  FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt    M M
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician Aggregate		contribution
Full Name (Last, First, Middle Initial) Victor Villarreal  Mailing Address 901 W. Moore  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State TX  C  Occupatio physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State TX  C  Occupatio physiciar  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			308.86

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 125 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Victor Villarreal  Mailing Address 901 W. Moore  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  1461.37	Date of Receipt    M
Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow apt 4  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow apt 4  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date  2750.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		563.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 125 (check only one)    X
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b></b>	Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow apt 4  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date  3000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor Aggregate Year-to-Date  1018.24	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  1128.46	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7302  Amount of Each Receipt this Period  110.22  contribution
su	JBTOTAL of Receipts This Page (optional)		452.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 125 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Webb  Mailing Address 312 Redbud  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  1189.08	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7185  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date  2750.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.7303  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional) .	· • • • • • • • • • • • • • • • • • • •	560.62

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 125 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt
City	State Zip Code	1 2 1 4 2 0 0 7 Transaction ID: SA11AI.7436
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Subbarrao Yarra		Date of Receipt
Mailing Address 6905 N. Cynthia		10 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7186
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Subbarrao Yarra	1	Date of Receipt
Mailing Address 6905 N. Cynthia		11 16 2007
City	State Zip Code	Transaction ID: SA11AI.7304
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 contribution
Name of Employer Self-employed	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional) .	1	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 125 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	d Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Subbarrao Yarra  Mailing Address 6905 N. Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-employed	State Zip Code TX 78504  C  Occupation physician	Date of Receipt  1 2 1 4 2 0 0 7  Transaction ID: SA11AI.7437  Amount of Each Receipt this Period  50.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Hugo Zapata  Mailing Address 316 Xenops		Date of Receipt    M M
City	State Zip Code	Transaction ID: SA11AI.7187
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops		Date of Receipt  1 1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.7305
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)	·	550.00

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FOR LINE NUMBER: PAGE 123 / 125 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Date of Receipt Hugo Zapata Mailing Address 316 Xenops 12 14 2007 City State Zip Code Transaction ID: SA11AI.7438 mcallen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer selfemployed Occupation physician Receipt For: Aggregate Year-to-Date Primary General 3000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	76748.45

Transaction ID: SB23,7317  Detailed Summary Page	TEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check		NUMBE one)	-n.			PAGE	124 /	125
NAME OF COMMITTEE (in Full)  BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial) RUDOLPH W. GIULIANI  Mailing Address C/O JOHN H. GROSS PROSKAUER ROSE 1585 BROADWAY  City YORK NY 10036  Purpose of Disbursement contribution Candidate Name RUDOLPH W. GIULIANI  Office Sought: House Senate NAME Not State Zip Code NAME NOT State Sunter Sound of Disbursement Contribution Candidate Name RUBOLPH W. GIULIANI  Office Sought: House Sonate NAME NAME NAME NAME NAME NAME NAME NAME		Detailed	Summary Page	27		28a		28b	2	3c	29	
Full Name (Last, First, Middle Initial) RUDOLPH W. GIULIANI Mailing Address (C) JOHN H. GROSS PROSKAUER ROSE 1585 BROADWAY City State Zip Code NY 10036 Purpose of Disbursement contribution Candidate Name RUDOLPH W. GIULIANI Office Sought: House Senate Name RUDOLPH W. GIULIANI Office Sought: Senate Name RUBOLEN State Name Category/ Type  Disbursement For: 2007 X Primary General President District: O  Full Name (Last, First, Middle Initial) RUBOLE HINOJOSA  Mailing Address 1404 South Illinois  City State: NY District: Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA Office Sought: X House Senate President State: NY District: Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA Office Sought: X House Senate President State: NY District: Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA Office Sought: X House Senate President City Mercedes TX 78570 Purpose of Disbursement Category/ Type  Amount of Each Disbursement this Perior Sought Name Category/ Type  Amount of Each Disbursement this Perior Sought Name Category/ Type  Amount of Each Disbursement this Perior Sought: Senate President Name Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Perior Sought: Sought Name Category/ Type  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Perior Sought Name Category/ Type  Other (specify) ▼  Other (specify) ▼												3
Mailing Address  C/O JOHN H. GROSS PROSKAUER ROSE  1585 BROADWAY  City YORK  NY 10036  Purpose of Disbursement contribution  Cardidate Name RUDOLPH W. GIULIANI  Office Sought: House Senate N, President Disbursement For: 2007 Senate N, President City SAUSALITO Category' RUBUN State Ny 10036  Transaction ID: SB23.7312 Date of Disbursement  Tig N  Amount of Each Disbursement this Perio  Category' Type  Transaction ID: SB23.7312 Date of Disbursement  Transaction ID: SB23.7312 Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Transaction ID: SB23.7312 Date of Disbursement In Perious President  Transaction ID: SB23.7312 Date of Disbursement  Transaction ID: SB23.7312 Date of Disbursement  Transaction ID: SB23.7312 Date of Disbursement  Transaction ID: SB23.7312 Date of Disbursement this Perious President  Transaction ID: SB23.7313 Date of Disbursement In Perious President  Transaction ID: SB23.7313 Date of Disbursement In Perious President  Transaction ID: SB23.7313 Date of Disbursement In Perious President  Transaction ID: SB23.7313 Date of Disbursement  Transaction ID: Transaction ID: Transaction	` '											
Mailing Address   Scale   Senate   S						Date	of Dis	sburs	ement			
NEW YORK Purpose of Disbursement contribution Candidate Name RUDOLPH W. GIULIANI Office Sought: House Senate X President State: District: 00 Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT 2008  Mailing Address 180 HARBOR DRIVE SUITE 204-B  City SAUSALITO CA 94965 Purpose of Disbursement Candidate Name Office Sought: House President State: NY District: Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  Transaction ID: SB23.7312 Date of Disbursement  Category/ Type  Amount of Each Disbursement this Perio  Category/ Type  Transaction ID: SB23.7312 Date of Disbursement  Category/ Type  Amount of Each Disbursement this Perio  Transaction ID: SB23.7313 Date of Disbursement  Category/ Type  Amount of Each Disbursement this Perio  Category/ Type  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.7313 Date of Disbursement  Transaction ID: SB23.7312  Date of		PROSKAUE	ER ROSE			1 <sup>M</sup> 2	M /	1	12	¥ 2	2 o ŏ 7	7
Contribution Candidate Name RUDOLPH W. GIULIANI  Office Sought: House Senate X Primary General VIP Type  Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT 2008  Mailing Address 180 HARBOR DRIVE SUITE 204-B  City SAUSALITO CA 94965  Other (specify) ▼  Category/ Type  Office Sought: House Senate President State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City Senate President State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Office Sought: Y 2007  City State Zip Code Senate President State: NY District:  City Senate TX 78570  Purpose of Disbursement Contribution  Candidate Name  Category/ Type  City State Zip Code Senate TX 78570  Purpose of Disbursement Contribution  Candidate Name  Category/ Type  City State Zip Code Senate TX 78570  Purpose of Disbursement Category/ Type  Office Sought: House Disbursement For: 2007  Purpose of Disbursement Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Candidate Name RUBEN E HINOJOSA						Amo	unt of	Each	n Disbu			
RUDOLPH W. GIULIANI  Office Sought: House Senate X Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT 2008  Mailing Address 180 HARBOR DRIVE SUITE 204-B  City SAUSALITO CA 94965  Purpose of Disbursement contribution  Candidate Name  Office Sought: House Senate President Disbursement For: 2007  Senate Y Primary General Disbursement for: 2007  Category/ Type  Office Sought: House Senate President Disbursement For: 2007  Saught: V District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code Category/ Type  Other (specify) ▼  Transaction ID: SB23.7313  Date of Disbursement  To M / D D D / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D T / Y Y O D D T / Y Y O D T / Y Y Y O D T / Y Y Y O D T / Y Y Y Y O D T / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	contribution					L.					000.0	10
Senate	RUDOLPH W. GIULIANI											
Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT 2008  Mailing Address 180 HARBOR DRIVE SUITE 204-B  City State Zip Code SAUSALITO CAN 94965  Purpose of Disbursement Contribution  Candidate Name  Disbursement For: 2007  X Primary General Other (specify) ▼  District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code General Other (specify) ▼  Transaction ID: SB23.7312  Amount of Each Disbursement this Perio Senate President State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President Disbursement For: 2007  X Primary General Other (specify) ▼  Amount of Each Disbursement this Perio South Senate President Other (specify) ▼  Amount of Each Disbursement South Senate President Other (specify) ▼  Amount of Each Disbursement this Perio South Senate President Other (specify) ▼	Senate X President	X Primary	General									
HILLARY CLINTON FOR PRESIDENT 2008  Mailing Address 180 HARBOR DRIVE SUITE 204-B  City State Zip Code CA 94965  Purpose of Disbursement contribution  Candidate Name  Disbursement For: 2007  Type  Office Sought: House Senate President Other (specify) ▼  State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code TX 78570  Purpose of Disbursement conribution  Candidate Name  Category/ Type  Amount of Each Disbursement this Peric 2007  Transaction ID: SB23.7313  Date of Disbursement  100 1 1 2 0 7 2 0 0 7  Amount of Each Disbursement this Peric 2007  Amount of Each Disbursement this Peric 2007  Category/ Type  Office Sought: X House Senate President Other (specify) ▼  Office Sought: X Primary General President Other (specify) ▼  Other (specify) ▼									055	. 70 : -		
City SAUSALITO State Zip Code SAUSALITO CAR 94965  Purpose of Disbursement contribution Candidate Name  Office Sought: House Senate President State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code TX 78570  Purpose of Disbursement For: 2007  City State Zip Code TX 78570  Purpose of Disbursement Cardidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Cardidate Name RUBEN E HINOJOSA  Office Sought: X House Disbursement For: 2007  Senate President V Primary General Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Perion Source Sourc	,	800				Date	of Dis	sburs	ement			
SÁUSALITO  Purpose of Disbursement contribution  Candidate Name  Office Sought: House Senate President State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President State Zip Code TX 78570  Purpose of Disbursement Conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President President President Other (specify) ▼  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: X House Senate President Other (specify) ▼  Other (specify) ▼  Contribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President Other (specify) ▼	Mailing Address 180 HARBOR DRIVE S	UITE 204-E	3			1 <sup>M</sup> 2	M /	D 2	20	Y	2 0 ŏ 7	7 <sup>Y</sup>
Candidate Name  Category/ Type  Office Sought: House Senate President President Other (specify) ▼  State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House President President President President Other (specify) ▼  Category/ Type  Amount of Each Disbursement this Period South Primary General Other (specify) ▼  Category/ Type  Office Sought: X House President Other (specify) ▼  Other (specify) ▼  Category/ Type						Amo	unt of	Each	n Disbu	rsemer	nt this f	Perio
Office Sought: House Senate President State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President  Disbursement For: 2007 Amount of Each Disbursement this Period Sought: X House Senate President  Disbursement For: 2007 Senate President				•	7	L.	_			5	0.000	0
Senate President Other (specify) ▼  State: NY District:  Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President President  Senate President  A Primary General Other (specify) ▼  Transaction ID: SB23.7313  Date of Disbursement  Amount of Each Disbursement this Period Senate Senate Other (specify) ▼  Amount of Each Disbursement For: 2007  Senate President Other (specify) ▼	Candidate Name											
Full Name (Last, First, Middle Initial) RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President  Disbursement For: 2007  Senate President  Transaction ID: SB23.7313  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Other (specify)  Other (specify)	Senate	X Primary	General									
RUBEN E HINOJOSA  Mailing Address 1404 South Illinois  City State Zip Code Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President  Date of Disbursement  Mo M / D D D / Y 2 0 0 7 Y  Amount of Each Disbursement this Period  Category/ Type  Office Sought: X House Senate President  Other (specify)  Other (specify)						Tron		ID	. CDO	7010	•	
Mailing Address 1404 South Illinois  City State Zip Code Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President  Disbursement For: 2007  X Primary General Other (specify) ▼						Date	of Dis	sburs	ement			V
Mercedes TX 78570  Purpose of Disbursement conribution  Candidate Name RUBEN E HINOJOSA  Office Sought: X House Senate President  President  TX 78570  5000.00  Category/ Type  Category/ Type  Other (specify) ▼	Mailing Address 1404 South Illinois										007	7
conribution  Candidate Name RUBEN E HINOJOSA  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)  Other (specify)						Amo	unt of	Each	n Disbu			
RUBEN E HINOJOSA  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify) ▼					7	L.	-			. 5	0.000	0
Senate X Primary General President Other (specify) ▼												
	Senate	X Primary	General									
	State: TV District: 15		•									

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 125	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) PATRICK J KENNEDY  Mailing Address PO BOX 321		Transaction ID: SB23.7319 Date of Disbursement  M2 M / D2 A / Y Y Y O Y 7	
,	State Zip Code RI 02860	Amount of Each Disbursement this Period 5000.00	]
Candidate Name PATRICK J KENNEDY	C	Category/ Type	
Senate X President	ment For: 2007 Primary General Other (specify)		
State: RI District: 01			

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	20000.00