

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 1210 W EXPRESSWAY 83 SUITE 10

Check if different than previously reported. (ACC) PHARR TX 78577

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00415752

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period 07 01 2007 through 09 30 2007

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 07 15 2007

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date |   |           |   |   |   |   |   |  |   |           |
|---|---|-----------------------------------|---|-----------|---|---|---|---|---|--|---|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y   | Y                                 | Y   | Y         | 2 | 0 | 0 | 7 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> |  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">388383.00</td></tr></table> | 388383.00 |
| Y   | Y   | Y                                 | Y   |           |   |   |   |   |   |  |   |           |
| 2   | 0   | 0                                 | 7   |           |   |   |   |   |   |  |   |           |
|   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 388383.00   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">549375.28</td></tr></table> | 549375.28                         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>                       |           |   |   |   |   |   |  |   |           |
| 549375.28   |   |                                   |   |           |   |   |   |   |   |  |   |           |
|   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| (c) Total Receipts (from Line 19) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">78045.44</td></tr></table>  | 78045.44                          | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">239037.72</td></tr></table> | 239037.72 |   |   |   |   |   |  |   |           |
| 78045.44  |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 239037.72   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">627420.72</td></tr></table> | 627420.72                         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">627420.72</td></tr></table> | 627420.72 |   |   |   |   |   |  |   |           |
| 627420.72   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 627420.72   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 7. Total Disbursements (from Line 31) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">30000.00</td></tr></table>  | 30000.00                          | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">30000.00</td></tr></table>  | 30000.00  |   |   |   |   |   |  |   |           |
| 30000.00  |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 30000.00  |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">597420.72</td></tr></table> | 597420.72                         | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">597420.72</td></tr></table> | 597420.72 |   |   |   |   |   |  |   |           |
| 597420.72   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 597420.72   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>      | 0.00                              | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>                       |           |   |   |   |   |   |  |   |           |
| 0.00  |   |                                   |   |           |   |   |   |   |   |  |   |           |
|   |   |                                   |   |           |   |   |   |   |   |  |   |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>      | 0.00                              | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>                       |           |   |   |   |   |   |  |   |           |
| 0.00  |   |                                   |   |           |   |   |   |   |   |  |   |           |
|   |   |                                   |   |           |   |   |   |   |   |  |   |           |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 77995.44                      | 234983.95                         |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 50.00                         | 4053.77                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶   | 78045.44                      | 239037.72                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶         | 78045.44                      | 239037.72                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 78045.44                      | 239037.72                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 78045.44                      | 239037.72                         |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                               |                                   |
| (i) Federal Share.....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....   | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 30000.00                      | 30000.00                          |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   | 0.00                          | 0.00                              |
| 27. Loans Made.....   | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements.....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                               |                                   |
| (i) Federal Share .....   | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 30000.00                      | 30000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 30000.00                      | 30000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 78045.44                      | 239037.72                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 78045.44                      | 239037.72                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 127                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br>Charity Abreu  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1619 heritage lane  |                                     | Transaction ID: SA11A1.6687                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. C  |                                     | contribution   |  |
| Name of Employer self-employee  | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br>Charity Abreu  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1619 heritage lane  |                                     | Transaction ID: SA11A1.6807                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. C  |                                     | contribution   |  |
| Name of Employer self-employee  | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br>Charity Abreu  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1619 heritage lane  |                                     | Transaction ID: SA11A1.6928                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. C  |                                     | contribution   |  |
| Name of Employer self-employee  | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 127                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ruben Abreu  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 104 augusta square  |                                     | Transaction ID: SA11A1.6688                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78503  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employee<br>self-employee   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ruben Abreu  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 104 augusta square  |                                     | Transaction ID: SA11A1.6808                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78503  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employee<br>self-employee   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ruben Abreu  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 104 augusta square  |                                     | Transaction ID: SA11A1.6929                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78503  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employee<br>self-employee   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 127                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Michael Alleyn<br>Mailing Address 5505 N. 4th<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6691<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed Occupation private investor<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 1750.00 |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Michael Alleyn<br>Mailing Address 5505 N. 4th<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6809<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed Occupation private investor<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 2000.00 |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Michael Alleyn<br>Mailing Address 5505 N. 4th<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.6931<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed Occupation private investor<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 2250.00 |  |  |

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 127                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Amyx</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2108 Mynah  |                                | <b>Transaction ID: SA11A1.6689</b>                       |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Amyx</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2108 Mynah  |                                | <b>Transaction ID: SA11A1.6811</b>                       |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael Amyx</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2108 Mynah  |                                | <b>Transaction ID: SA11A1.6932</b>                       |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dario Arango</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 7004<br>N. Cynthia  |                                    | Transaction ID: SA11A1.6692                                |  |
| City<br>mcallen   | State<br>TX                        | Zip Code<br>78504  | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician            |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>875.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dario Arango</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 7004<br>N. Cynthia  |                                     | Transaction ID: SA11A1.6812                                |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dario Arango</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 7004<br>N. Cynthia  |                                     | Transaction ID: SA11A1.6933                                |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1125.00 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 375.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Murphy Badiga</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 1503 S. Airport suite 6   |                                     | Transaction ID: SA11A1.6693                              |
| City weslaco  | State TX                            | Zip Code 78596   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer self-employed  | Occupation physician                | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Murphy Badiga</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 1503 S. Airport suite 6   |                                     | Transaction ID: SA11A1.6813                              |
| City weslaco  | State TX                            | Zip Code 78596   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer self-employed  | Occupation physician                | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Murphy Badiga</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 1503 S. Airport suite 6   |                                     | Transaction ID: SA11A1.6934                              |
| City weslaco  | State TX                            | Zip Code 78596   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer self-employed  | Occupation physician                | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cayetano Barrera</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 501 Mockingbird Lane  |                         | Transaction ID: SA11A1.6694                                |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cayetano Barrera</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 501 Mockingbird Lane  |                         | Transaction ID: SA11A1.6814                                |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cayetano Barrera</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 501 Mockingbird Lane  |                         | Transaction ID: SA11A1.6935                                |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ricardo Barrera  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 420 Frio  |  | Transaction ID: SA11A1.6695                              |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ricardo Barrera  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 420 Frio  |  | Transaction ID: SA11A1.6815                              |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ricardo Barrera  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 420 Frio  |  | Transaction ID: SA11A1.6936                              |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Juan Bernini

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

**Transaction ID:** SA11A1.6696

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Juan Bernini

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** SA11A1.6816

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Juan Bernini

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** SA11A1.6937

Amount of Each Receipt this Period  
250.00

contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Sarojini Bose  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 7007 N 1st Lane   |  | Transaction ID: SA11A1.6697                                |  |
| City<br>mcallen   | State<br>TX  | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Sarojini Bose  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 7007 N 1st Lane   |  | Transaction ID: SA11A1.6817                                |  |
| City<br>mcallen   | State<br>TX  | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Sarojini Bose  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 7007 N 1st Lane   |  | Transaction ID: SA11A1.6938                                |  |
| City<br>mcallen   | State<br>TX  | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6698

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6818

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.6939

Amount of Each Receipt this Period  
250.00

contribution

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Robert Brace   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 2000 N. 8th Street  |  | Transaction ID: SA11A1.6699                              |
| City State Zip Code<br>mcallen TX 78501   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Robert Brace   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 2000 N. 8th Street  |  | Transaction ID: SA11A1.6819                              |
| City State Zip Code<br>mcallen TX 78501   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Robert Brace   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 2000 N. 8th Street  |  | Transaction ID: SA11A1.6940                              |
| City State Zip Code<br>mcallen TX 78501   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alonzo Cantu</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address P.O.Box 2673  |                                | <b>Transaction ID: SA11A1.6700</b>                       |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78502  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alonzo Cantu</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address P.O.Box 2673  |                                | <b>Transaction ID: SA11A1.6820</b>                       |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78502  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Alonzo Cantu</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address P.O.Box 2673  |                                | <b>Transaction ID: SA11A1.6941</b>                       |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78502  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Carlos Cardenas  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1000 N. Taylor Road   |                         | Transaction ID: SA11A1.6701                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Carlos Cardenas  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1000 N. Taylor Road   |                         | Transaction ID: SA11A1.6821                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Carlos Cardenas  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1000 N. Taylor Road   |                         | Transaction ID: SA11A1.6942                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1016 E. Griffin Parkway

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11A1.6702

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 1016 E. Griffin Parkway

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11A1.6822

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 1016 E. Griffin Parkway

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.6943

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 21 / 127                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Augusto Castrillon</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 223 Rio Grande Drive  |   | Transaction ID: SA11A1.6703                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00        |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician<br>Aggregate Year-to-Date ▼ |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 1750.00   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Augusto Castrillon</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 223 Rio Grande Drive  |   | Transaction ID: SA11A1.6926                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00        |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician<br>Aggregate Year-to-Date ▼ |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 2000.00   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Augusto Castrillon</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 223 Rio Grande Drive  |   | Transaction ID: SA11A1.6944                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00        |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician<br>Aggregate Year-to-Date ▼ |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 2250.00   |  |

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 22 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Norma Cavazos-Salas  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2301 N. Bryan Road  |  | Transaction ID: SA11A1.6704                              |  |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>1750.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Norma Cavazos-Salas  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2301 N. Bryan Road  |  | Transaction ID: SA11A1.6823                              |  |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>2000.00                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Norma Cavazos-Salas  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2301 N. Bryan Road  |  | Transaction ID: SA11A1.6945                              |  |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>2250.00                      |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> R. Chandrasekharan   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 1210 East 8th street suite 1  |  | Transaction ID: SA11A1.6705                              |
| City weslaco State TX Zip Code 78591  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> R. Chandrasekharan   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 1210 East 8th street suite 1  |  | Transaction ID: SA11A1.6824                              |
| City weslaco State TX Zip Code 78591  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> R. Chandrasekharan   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 1210 East 8th street suite 1  |  | Transaction ID: SA11A1.6946                              |
| City weslaco State TX Zip Code 78591  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 24 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Diana Cortinas   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1400 Northgate Lane   |  | Transaction ID: SA11A1.6708                              |  |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>110.79 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>931.64                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Diana Cortinas   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1400 Northgate Lane   |  | Transaction ID: SA11A1.6825                              |  |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>117.63 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>1049.27                      |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Diana Cortinas   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1400 Northgate Lane   |  | Transaction ID: SA11A1.6947                              |  |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>117.38 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>1166.65                      |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 345.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Guillermo Cortinas   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1224 Northgate Lane   |                                     | Transaction ID: SA11A1.6706                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>123.63 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1039.58 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Guillermo Cortinas   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1224 Northgate Lane   |                                     | Transaction ID: SA11A1.6826                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>131.26 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1170.84 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Guillermo Cortinas   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1224 Northgate Lane   |                                     | Transaction ID: SA11A1.6948                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>130.98 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1301.82 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 385.87 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Javier Cortinas  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1400 Northgate  |                                     | Transaction ID: SA11A1.6707                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>147.88 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1243.51 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Javier Cortinas  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1400 Northgate  |                                     | Transaction ID: SA11A1.6827                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>157.01 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1400.52 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Javier Cortinas  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1400 Northgate  |                                     | Transaction ID: SA11A1.6949                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>156.67 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1557.19 |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 461.56      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | (Empty box) |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>David Deanda<br>Mailing Address 2408 Dorado<br>City mission State TX Zip Code 78574<br>FEC ID number of contributing federal political committee. <b>C</b>                         |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6710<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation private investor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>David Deanda<br>Mailing Address 2408 Dorado<br>City mission State TX Zip Code 78574<br>FEC ID number of contributing federal political committee. <b>C</b>                         |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6829<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation private investor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>David Deanda<br>Mailing Address 2408 Dorado<br>City mission State TX Zip Code 78574<br>FEC ID number of contributing federal political committee. <b>C</b>                         |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.6951<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation private investor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. Jorge De La Garza   |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2007 |
| Mailing Address 120 Condor  |                                     | Transaction ID: SA11A1.6709                         |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer self-employed  | Occupation<br>physician             | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Jorge De La Garza   |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2007 |
| Mailing Address 120 Condor  |                                     | Transaction ID: SA11A1.6828                         |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer self-employed  | Occupation<br>physician             | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Jorge De La Garza   |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2007 |
| Mailing Address 120 Condor  |                                     | Transaction ID: SA11A1.6950                         |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer self-employed  | Occupation<br>physician             | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Alberto Duran  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1615 Palazzo  |                                     | Transaction ID: SA11A1.6711                                |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Alberto Duran  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1615 Palazzo  |                                     | Transaction ID: SA11A1.6830                                |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Alberto Duran  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1615 Palazzo  |                                     | Transaction ID: SA11A1.6952                                |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Kotthegal Eshwar   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |   |
| Mailing Address 108 Yellow Hammer   |                                    | Transaction ID: SA11A1.6712                                |   |
| City<br>mcallen   | State<br>TX                        | Zip Code<br>78504  | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    | contribution   |   |
| Name of Employer selfemployed   | Occupation physician               |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |  |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Kotthegal Eshwar   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |   |
| Mailing Address 108 Yellow Hammer   |                                    | Transaction ID: SA11A1.6831                                |   |
| City<br>mcallen   | State<br>TX                        | Zip Code<br>78504  | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    | contribution   |   |
| Name of Employer selfemployed   | Occupation physician               |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |  |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Kotthegal Eshwar   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |   |
| Mailing Address 108 Yellow Hammer   |                                    | Transaction ID: SA11A1.6953                                |   |
| City<br>mcallen   | State<br>TX                        | Zip Code<br>78504  | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    | contribution   |   |
| Name of Employer selfemployed   | Occupation physician               |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00 |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | .....  |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 31 / 127                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Antonio Esparza</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>07 / 16 / 2007</b> |
| Mailing Address <b>136 W. Yucca</b>   |   | <b>Transaction ID: SA11A1.6713</b>                         |
| City <b>mcallent</b>  | State <b>TX</b>                                     | Zip Code <b>78504</b>                                      |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b> |  |
| Name of Employer selfemployed   | Occupation <b>physician</b>                         | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>1750.00</b>          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Antonio Esparza</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>08 / 10 / 2007</b> |
| Mailing Address <b>136 W. Yucca</b>   |   | <b>Transaction ID: SA11A1.6832</b>                         |
| City <b>mcallent</b>  | State <b>TX</b>                                     | Zip Code <b>78504</b>                                      |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b> |  |
| Name of Employer selfemployed   | Occupation <b>physician</b>                         | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>2000.00</b>          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Antonio Esparza</b>  |   | Date of Receipt<br>MM / DD / YYYY<br><b>09 / 14 / 2007</b> |
| Mailing Address <b>136 W. Yucca</b>   |   | <b>Transaction ID: SA11A1.6954</b>                         |
| City <b>mcallent</b>  | State <b>TX</b>                                     | Zip Code <b>78504</b>                                      |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br><b>250.00</b> |  |
| Name of Employer selfemployed   | Occupation <b>physician</b>                         | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>2250.00</b>          |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Antonio Falcon   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2768 Pharmacy Road  |  | Transaction ID: SA11A1.6714                                |  |
| City State Zip Code<br>rio grande city TX 78582   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>1750.00                        |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Antonio Falcon   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2768 Pharmacy Road  |  | Transaction ID: SA11A1.6834                                |  |
| City State Zip Code<br>rio grande city TX 78582   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>2000.00                        |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Antonio Falcon   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2768 Pharmacy Road  |  | Transaction ID: SA11A1.6955                                |  |
| City State Zip Code<br>rio grande city TX 78582   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      | Aggregate Year-to-Date ▼<br>2250.00                        |  |

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Maria Elena Falcon   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2212 Westway  |                         | Transaction ID: SA11A1.6715                                |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                        |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Maria Elena Falcon   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2212 Westway  |                         | Transaction ID: SA11A1.6833                                |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                        |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Maria Elena Falcon   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2212 Westway  |                         | Transaction ID: SA11A1.6956                                |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                        |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Alberto Felici   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2309 W. Greenbriar Square   |                                     | Transaction ID: SA11A1.6716                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>123.62 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1039.51 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Alberto Felici   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2309 W. Greenbriar Square   |                                     | Transaction ID: SA11A1.6835                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>131.25 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1170.76 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Alberto Felici   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2309 W. Greenbriar Square   |                                     | Transaction ID: SA11A1.6957                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>130.97 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1301.73 |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 385.84      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|  |   |  |
|--|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Marco Flores<br>Mailing Address 320 Primrose<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID: SA11A1.6717</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |

|  |   |  |
|--|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Marco Flores<br>Mailing Address 320 Primrose<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID: SA11A1.6836</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |

|  |   |  |
|--|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Marco Flores<br>Mailing Address 320 Primrose<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID: SA11A1.6958</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Occupation physician<br>Aggregate Year-to-Date ▼<br>2250.00 |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Eugenio Galindo  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 5936 N. Cynthia   |                         | Transaction ID: SA11A1.6718                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Eugenio Galindo  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 5936 N. Cynthia   |                         | Transaction ID: SA11A1.6837                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Eugenio Galindo  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 5936 N. Cynthia   |                         | Transaction ID: SA11A1.6959                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Elvin Garcia   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2800 Santa Teresa   |                                     | Transaction ID: SA11A1.6719                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Elvin Garcia   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2800 Santa Teresa   |                                     | Transaction ID: SA11A1.6838                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Elvin Garcia   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2800 Santa Teresa   |                                     | Transaction ID: SA11A1.6960                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 38 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Hiram Garcia  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 2712 E. Mile 5 Road  |  | Transaction ID: SA11A1.6720                              |
| City State Zip Code<br>mission TX 78574  | Amount of Each Receipt this Period<br>24.73                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>207.91 |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Hiram Garcia  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 2712 E. Mile 5 Road  |  | Transaction ID: SA11A1.6839                              |
| City State Zip Code<br>mission TX 78574  | Amount of Each Receipt this Period<br>26.25                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>234.16 |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Hiram Garcia  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 2712 E. Mile 5 Road  |  | Transaction ID: SA11A1.6961                              |
| City State Zip Code<br>mission TX 78574  | Amount of Each Receipt this Period<br>26.20                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>260.36 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 77.18 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 39 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Rene Garza   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 5404 N. 1st street  |  | Transaction ID: SA11A1.6721                              |  |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation private investor  | Aggregate Year-to-Date ▼<br>1750.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Rene Garza   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 5404 N. 1st street  |  | Transaction ID: SA11A1.6840                              |  |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation private investor  | Aggregate Year-to-Date ▼<br>2000.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Rene Garza   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 5404 N. 1st street  |  | Transaction ID: SA11A1.6962                              |  |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation private investor  | Aggregate Year-to-Date ▼<br>2250.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial)<br>Lawrence Gelman   |   | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3900 Sundown Drive  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 1 | 6 |  | 2 | 0 | 0 | 7 |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 7 |   | 1 | 6 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>mcallen TX 78503   |   | Transaction ID: SA11A1.6722   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   | 250.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer selfemployed<br>Occupation physician   |   | contribution  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   | 1750.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. Full Name (Last, First, Middle Initial)<br>Lawrence Gelman   |   | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3900 Sundown Drive  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 1 | 0 |  | 2 | 0 | 0 | 7 |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 8 |   | 1 | 0 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>mcallen TX 78503   |   | Transaction ID: SA11A1.6841   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   | 250.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer selfemployed<br>Occupation physician   |   | contribution  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   | 2000.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| C. Full Name (Last, First, Middle Initial)<br>Lawrence Gelman   |   | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3900 Sundown Drive  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 4 |  | 2 | 0 | 0 | 7 |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 9 |   | 1 | 4 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>mcallen TX 78503   |   | Transaction ID: SA11A1.6963   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   | 250.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer selfemployed<br>Occupation physician   |   | contribution  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   | 2250.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Robert Genovese  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 2208 Summer Breeze  |  | Transaction ID: SA11A1.6723                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>167.95                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>Receipt For:   | Occupation<br>physician<br>Aggregate Year-to-Date ▼<br>1365.68 |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Robert Genovese  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 2208 Summer Breeze  |  | Transaction ID: SA11A1.6842                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>178.32                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>Receipt For:   | Occupation<br>physician<br>Aggregate Year-to-Date ▼<br>1544.00 |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Robert Genovese  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 2208 Summer Breeze  |  | Transaction ID: SA11A1.6964                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>177.93                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>Receipt For:   | Occupation<br>physician<br>Aggregate Year-to-Date ▼<br>1721.93 |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 524.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. Alvaro Giraldo  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2007 |
| Mailing Address 106 W. Flamingo   |                                     | Transaction ID: SA11A1.6690                         |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Alvaro Giraldo  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2007 |
| Mailing Address 106 W. Flamingo   |                                     | Transaction ID: SA11A1.6810                         |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Alvaro Giraldo  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2007 |
| Mailing Address 106 W. Flamingo   |                                     | Transaction ID: SA11A1.6930                         |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>A. Ada Gonzalez  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address P.O. Box 9817   |                                     | Transaction ID: SA11A1.6724                                |
| City<br>alamo   | State<br>TX                         | Zip Code<br>78516  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>179.02               |
| Name of Employer selfemployed   | Occupation<br>private investor      | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1505.40 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. Ada Gonzalez  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address P.O. Box 9817   |                                     | Transaction ID: SA11A1.6843                                |
| City<br>alamo   | State<br>TX                         | Zip Code<br>78516  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>190.08               |
| Name of Employer selfemployed   | Occupation<br>private investor      | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1695.48 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Ada Gonzalez  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address P.O. Box 9817   |                                     | Transaction ID: SA11A1.6965                                |
| City<br>alamo   | State<br>TX                         | Zip Code<br>78516  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>189.67               |
| Name of Employer selfemployed   | Occupation<br>private investor      | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1885.15 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 558.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. Alfredo Gonzalez  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2007 |
| Mailing Address 2305 Monaco Drive   |                                    | Transaction ID: SA11A1.6725                         |
| City mission  | State TX                           | Zip Code 78574                                      |
| FEC ID number of contributing federal political committee. C  |                                    | Amount of Each Receipt this Period<br>110.79        |
| Name of Employer selfemployed   | Occupation physician               | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>931.64 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Alfredo Gonzalez  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2007 |
| Mailing Address 2305 Monaco Drive   |                                     | Transaction ID: SA11A1.6844                         |
| City mission  | State TX                            | Zip Code 78574                                      |
| FEC ID number of contributing federal political committee. C  |                                     | Amount of Each Receipt this Period<br>117.63        |
| Name of Employer selfemployed   | Occupation physician                | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1049.27 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Alfredo Gonzalez  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2007 |
| Mailing Address 2305 Monaco Drive   |                                     | Transaction ID: SA11A1.6966                         |
| City mission  | State TX                            | Zip Code 78574                                      |
| FEC ID number of contributing federal political committee. C  |                                     | Amount of Each Receipt this Period<br>117.38        |
| Name of Employer selfemployed   | Occupation physician                | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1166.65 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 345.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. Jaime Gonzalez  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2007 |
| Mailing Address 3511 Plazas del Lago  |                                     | Transaction ID: SA11A1.6726                         |
| City<br>edinburg  | State<br>TX                         | Zip Code<br>78539                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>selfemployed  | Occupation<br>private investor      | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Jaime Gonzalez  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2007 |
| Mailing Address 3511 Plazas del Lago  |                                     | Transaction ID: SA11A1.6845                         |
| City<br>edinburg  | State<br>TX                         | Zip Code<br>78539                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>selfemployed  | Occupation<br>private investor      | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Jaime Gonzalez  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2007 |
| Mailing Address 3511 Plazas del Lago  |                                     | Transaction ID: SA11A1.6967                         |
| City<br>edinburg  | State<br>TX                         | Zip Code<br>78539                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>selfemployed  | Occupation<br>private investor      | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Juan Gonzalez-Dickson                                      |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1501 Meadwood   |                         | Transaction ID: SA11A1.6727                              |  |
| City<br>weslaco   | State<br>TX             | Zip Code<br>78596  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Juan Gonzalez-Dickson                                      |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1501 Meadwood   |                         | Transaction ID: SA11A1.6846                              |  |
| City<br>weslaco   | State<br>TX             | Zip Code<br>78596  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Juan Gonzalez-Dickson                                      |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1501 Meadwood   |                         | Transaction ID: SA11A1.6968                              |  |
| City<br>weslaco   | State<br>TX             | Zip Code<br>78596  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2007

Transaction ID: SA11A1.6728

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: SA11A1.6847

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2007

Transaction ID: SA11A1.6969

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Enrique Griego   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 905 Inspiratin Drive  |  | Transaction ID: SA11A1.6729                              |
| City pharr State TX Zip Code 78577  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Enrique Griego   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 905 Inspiratin Drive  |  | Transaction ID: SA11A1.6848                              |
| City pharr State TX Zip Code 78577  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Enrique Griego   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 905 Inspiratin Drive  |  | Transaction ID: SA11A1.6970                              |
| City pharr State TX Zip Code 78577  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> John Guerra  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 3105 Forest Court   |                                    | Transaction ID: SA11A1.6730                              |  |
| City mission  | State TX                           | Zip Code 78572   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | contribution   |  |
| Name of Employer selfemployed   | Occupation physician               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> John Guerra  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 3105 Forest Court   |                                    | Transaction ID: SA11A1.6849                              |  |
| City mission  | State TX                           | Zip Code 78572   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | contribution   |  |
| Name of Employer selfemployed   | Occupation physician               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>800.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> John Guerra  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 3105 Forest Court   |                                    | Transaction ID: SA11A1.6971                              |  |
| City mission  | State TX                           | Zip Code 78572   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | contribution   |  |
| Name of Employer selfemployed   | Occupation physician               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>900.00 |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 300.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marcy Guerra</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 13337 Borolo Drive  |  | <b>Transaction ID: SA11A1.6731</b>                       |  |
| City State Zip Code<br>edinburg TX 78541  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>1750.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marcy Guerra</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 13337 Borolo Drive  |  | <b>Transaction ID: SA11A1.6850</b>                       |  |
| City State Zip Code<br>edinburg TX 78541  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2000.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marcy Guerra</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 13337 Borolo Drive  |  | <b>Transaction ID: SA11A1.6972</b>                       |  |
| City State Zip Code<br>edinburg TX 78541  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2250.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rodolfo Guerrero</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1402 E. 8th Street  |                         | Transaction ID: SA11A1.6732                                |  |
| City<br>weslaco   | State<br>TX             | Zip Code<br>78596  | Amount of Each Receipt this Period<br>234.42 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1734.42                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rodolfo Guerrero</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1402 E. 8th Street  |                         | Transaction ID: SA11A1.6851                                |  |
| City<br>weslaco   | State<br>TX             | Zip Code<br>78596  | Amount of Each Receipt this Period<br>248.90 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1983.32                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Rodolfo Guerrero</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1402 E. 8th Street  |                         | Transaction ID: SA11A1.6973                                |  |
| City<br>weslaco   | State<br>TX             | Zip Code<br>78596  | Amount of Each Receipt this Period<br>248.36 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2231.68                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 731.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>A. Alberto Gutierrez   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2007 |
| Mailing Address 6020 Wisconsin  |  | Transaction ID: SA11A1.6733                         |
| City<br>edinburg  | State<br>TX                                  | Zip Code<br>78539                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer selfemployed   | Occupation<br>physician                      | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>B. Alberto Gutierrez   |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2007 |
| Mailing Address 6020 Wisconsin  |  | Transaction ID: SA11A1.6852                         |
| City<br>edinburg  | State<br>TX                                  | Zip Code<br>78539                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer selfemployed   | Occupation<br>physician                      | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>C. Alberto Gutierrez   |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2007 |
| Mailing Address 6020 Wisconsin  |  | Transaction ID: SA11A1.6974                         |
| City<br>edinburg  | State<br>TX                                  | Zip Code<br>78539                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer selfemployed   | Occupation<br>physician                      | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marco Gutierrez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 511 N. Depot Road   |  | Transaction ID: SA11A1.6734                              |  |
| City State Zip Code<br>edinburg TX 78541  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>1750.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marco Gutierrez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 511 N. Depot Road   |  | Transaction ID: SA11A1.6853                              |  |
| City State Zip Code<br>edinburg TX 78541  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2000.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Marco Gutierrez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 511 N. Depot Road   |  | Transaction ID: SA11A1.6975                              |  |
| City State Zip Code<br>edinburg TX 78541  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2250.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Miguel Gutierrez   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 224 Lindberg  |                                     | Transaction ID: SA11A1.6735                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Miguel Gutierrez   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 224 Lindberg  |                                     | Transaction ID: SA11A1.6854                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Miguel Gutierrez   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 224 Lindberg  |                                     | Transaction ID: SA11A1.6976                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 55 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Victor Haddad   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 4008 Burns Drive South   |   | Transaction ID: SA11A1.6736                              |
| City State Zip Code<br>mcallen TX 78503  | Amount of Each Receipt this Period<br>250.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Victor Haddad   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 4008 Burns Drive South   |   | Transaction ID: SA11A1.6855                              |
| City State Zip Code<br>mcallen TX 78503  | Amount of Each Receipt this Period<br>250.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Victor Haddad   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 4008 Burns Drive South   |   | Transaction ID: SA11A1.6977                              |
| City State Zip Code<br>mcallen TX 78503  | Amount of Each Receipt this Period<br>250.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2250.00 |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |   |   |
|--|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Robert Helbing<br>Mailing Address 820 Tamarack<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6737<br>Amount of Each Receipt this Period<br>87.94<br>contribution |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Occupation private investor<br>Aggregate Year-to-Date ▼<br>739.47 |   |

|  |   |   |
|--|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Robert Helbing<br>Mailing Address 820 Tamarack<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6978<br>Amount of Each Receipt this Period<br>93.37<br>contribution |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Occupation private investor<br>Aggregate Year-to-Date ▼<br>832.84 |   |

|  |   |   |
|--|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Robert Helbing<br>Mailing Address 820 Tamarack<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.6856<br>Amount of Each Receipt this Period<br>93.17<br>contribution |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Occupation private investor<br>Aggregate Year-to-Date ▼<br>926.01 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>274.48</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Maximiliano Hernandez  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 301 Byron Nelson Drive<br>#40 Villas Jardin   |  | Transaction ID: SA11A1.6738                                |
| City mcallen State TX Zip Code 78503  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Maximiliano Hernandez  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 301 Byron Nelson Drive<br>#40 Villas Jardin   |  | Transaction ID: SA11A1.6857                                |
| City mcallen State TX Zip Code 78503  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Maximiliano Hernandez  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 301 Byron Nelson Drive<br>#40 Villas Jardin   |  | Transaction ID: SA11A1.6979                                |
| City mcallen State TX Zip Code 78503  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

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

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 58 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Maria Hoffman  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 802 Inspiration Road  |  | Transaction ID: SA11A1.6739                                |  |
| City State Zip Code<br>pharr TX 78577   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>1750.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Maria Hoffman  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 802 Inspiration Road  |  | Transaction ID: SA11A1.6858                                |  |
| City State Zip Code<br>pharr TX 78577   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2000.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Maria Hoffman  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 802 Inspiration Road  |  | Transaction ID: SA11A1.6980                                |  |
| City State Zip Code<br>pharr TX 78577   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2250.00          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. Vincent Honrubia  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2007 |
| Mailing Address 204 Rio Grande  |                                     | Transaction ID: SA11A1.6740                         |
| City mission  | State TX                            | Zip Code 78572                                      |
| FEC ID number of contributing federal political committee. C  |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer selfemployed   | Occupation physician                | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Vincent Honrubia  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2007 |
| Mailing Address 204 Rio Grande  |                                     | Transaction ID: SA11A1.6859                         |
| City mission  | State TX                            | Zip Code 78572                                      |
| FEC ID number of contributing federal political committee. C  |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer selfemployed   | Occupation physician                | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Vincent Honrubia  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2007 |
| Mailing Address 204 Rio Grande  |                                     | Transaction ID: SA11A1.6981                         |
| City mission  | State TX                            | Zip Code 78572                                      |
| FEC ID number of contributing federal political committee. C  |                                     | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer selfemployed   | Occupation physician                | contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |   |
|---|-------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Donna Joule</b>  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |   |
| Mailing Address 708 S H Street  |                         | <b>Transaction ID: SA11A1.6982</b>                       |   |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>25.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |   |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>225.00                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |   |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Nelson Kalaf</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 5401 N. 8th Street  |                         | <b>Transaction ID: SA11A1.6742</b>                       |  |
| City<br>mcAllen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Nelson Kalaf</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 5401 N. 8th Street  |                         | <b>Transaction ID: SA11A1.6861</b>                       |  |
| City<br>mcAllen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 525.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nelson Kalaf</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 5401 N. 8th Street   |   | Transaction ID: SA11A1.6983                              |  |
| City State Zip Code<br>mcAllen TX 78504  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gauri Kanhere</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2548 Palm Circle   |   | Transaction ID: SA11A1.6743                              |  |
| City State Zip Code<br>rio grande city TX 78582  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gauri Kanhere</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2548 Palm Circle   |   | Transaction ID: SA11A1.6862                              |  |
| City State Zip Code<br>rio grande city TX 78582  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gauri Kanhere</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2548 Palm Circle   |   | Transaction ID: SA11A1.6984                              |  |
| City State Zip Code<br>rio grande city TX 78582  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gholam Kiani</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 213 e. Xenops  |   | Transaction ID: SA11A1.6744                              |  |
| City State Zip Code<br>mcallen TX 78504  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gholam Kiani</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 213 e. Xenops  |   | Transaction ID: SA11A1.6863                              |  |
| City State Zip Code<br>mcallen TX 78504  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.6985

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 5111 N. 10th Street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11A1.6745

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 5111 N. 10th Street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11A1.6864

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mary Elizabeth Klenz   |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 5111 N. 10th Street   |                         | Transaction ID: SA11A1.6986                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Alejandro Kudisch  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 323 Nightingale   |                         | Transaction ID: SA11A1.6746                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Alejandro Kudisch  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 323 Nightingale   |                         | Transaction ID: SA11A1.6865                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Alejandro Kudisch  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 323 Nightingale   |                                     | Transaction ID: SA11A1.6987                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>selfemployed  | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Jorge Kutugata   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address Rt 2 Box 522-K  |                                     | Transaction ID: SA11A1.6747                                |
| City<br>weslaco   | State<br>TX                         | Zip Code<br>78596  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>selfemployed  | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Jorge Kutugata   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address Rt 2 Box 522-K  |                                     | Transaction ID: SA11A1.6866                                |
| City<br>weslaco   | State<br>TX                         | Zip Code<br>78596  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>selfemployed  | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 66 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jorge Kutugata</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address Rt 2 Box 522-K  |                                     | Transaction ID: SA11A1.6988                              |
| City<br>weslaco   | State<br>TX                         | Zip Code<br>78596  |
| FEC ID number of contributing federal political committee.  |                                     | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer selfemployed<br>Occupation<br>physician  |                                     | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ramiro Leal</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 601 Tulip   |                                     | Transaction ID: SA11A1.6749                              |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  |
| FEC ID number of contributing federal political committee.  |                                     | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer selfemployed<br>Occupation<br>physician  |                                     | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ramiro Leal</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 601 Tulip   |                                     | Transaction ID: SA11A1.6868                              |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  |
| FEC ID number of contributing federal political committee.  |                                     | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer selfemployed<br>Occupation<br>physician  |                                     | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Ramiro Leal<br>Mailing Address 601 Tulip<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b>                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.6990<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Dale Linebarger<br>Mailing Address 901 West 9th Street #405<br>City austin State TX Zip Code 78703<br>FEC ID number of contributing federal political committee. <b>C</b>          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6750<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation private investor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Dale Linebarger<br>Mailing Address 901 West 9th Street #405<br>City austin State TX Zip Code 78703<br>FEC ID number of contributing federal political committee. <b>C</b>          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6869<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation private investor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dale Linebarger</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 901 West 9th Street #405  |  | Transaction ID: SA11A1.6991                              |
| City austin State TX Zip Code 78703   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation private investor                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alfredo Lopez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 7609 N. 24th Circle   |  | Transaction ID: SA11A1.6751                              |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Alfredo Lopez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 7609 N. 24th Circle   |  | Transaction ID: SA11A1.6870                              |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 69 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7609 N. 24th Circle

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.6992

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 1311 6th E. Street

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 652.14

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11A1.6752

Amount of Each Receipt this Period  
77.55

contribution

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

Mailing Address 1311 6th E. Street

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 734.48

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11A1.6871

Amount of Each Receipt this Period  
82.34

contribution

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 409.89 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 70 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Julio Lopez</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |   |
| Mailing Address 1311 6th E. Street  |                                    | Transaction ID: SA11A1.6993                              |   |
| City weslaco  | State TX                           | Zip Code 78596   | Amount of Each Receipt this Period<br>82.17 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | contribution   |   |
| Name of Employer selfemployed   | Occupation physician               |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>816.65 |  |   |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Salil Mangi</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 3801 Sundown Court East   |                                     | Transaction ID: SA11A1.6753                              |  |
| City mcallen  | State TX                            | Zip Code 78503   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Salil Mangi</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 3801 Sundown Court East   |                                     | Transaction ID: SA11A1.6872                              |  |
| City mcallen  | State TX                            | Zip Code 78503   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 582.17      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 71 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>A. Saliil Mangi  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 3801 Sundown Court East   |                                     | Transaction ID: SA11A1.6994                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78503  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. Carlos Manrique   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 116 Cardinal  |                                     | Transaction ID: SA11A1.6754                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Carlos Manrique   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 116 Cardinal  |                                     | Transaction ID: SA11A1.6873                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Carlos Manrique  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 116 Cardinal  |                                     | <b>Transaction ID:</b> SA11A1.6995                       |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Guillermo Marquez  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1702 Trinity Road   |                                     | <b>Transaction ID:</b> SA11A1.6755                       |  |
| City<br>mission   | State<br>TX                         | Zip Code<br>78572  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Guillermo Marquez  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1702 Trinity Road   |                                     | <b>Transaction ID:</b> SA11A1.6874                       |  |
| City<br>mission   | State<br>TX                         | Zip Code<br>78572  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Guillermo Marquez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 1702 Trinity Road   |  | Transaction ID: SA11A1.6996                              |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Agustin Martinez</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 7603 N. 2nd Lane  |  | Transaction ID: SA11A1.6756                              |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Agustin Martinez</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 7603 N. 2nd Lane  |  | Transaction ID: SA11A1.6875                              |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 74 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>A. Agustin Martinez  |  | Date of Receipt   |
| Mailing Address 7603 N. 2nd Lane  |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code<br>mcallen TX 78504   |  | <input type="text"/> 09 / <input type="text"/> 14 / <input type="text"/> 2007   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Transaction ID: SA11A1.6997   |
| Name of Employer selfemployed<br>Occupation physician   |  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <input type="text"/> 250.00   |
| Aggregate Year-to-Date ▼<br><input type="text"/> 2250.00  |  | contribution  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>B. Ricardo Martinez  |  | Date of Receipt   |
| Mailing Address 1903 W. Smith   |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code<br>edinburg TX 78539  |  | <input type="text"/> 07 / <input type="text"/> 16 / <input type="text"/> 2007   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Transaction ID: SA11A1.6757   |
| Name of Employer selfemployed<br>Occupation physician   |  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <input type="text"/> 250.00   |
| Aggregate Year-to-Date ▼<br><input type="text"/> 1750.00  |  | contribution  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>C. Ricardo Martinez  |  | Date of Receipt   |
| Mailing Address 1903 W. Smith   |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code<br>edinburg TX 78539  |  | <input type="text"/> 08 / <input type="text"/> 10 / <input type="text"/> 2007   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Transaction ID: SA11A1.6876   |
| Name of Employer selfemployed<br>Occupation physician   |  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <input type="text"/> 250.00   |
| Aggregate Year-to-Date ▼<br><input type="text"/> 2000.00  |  | contribution  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 75 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ricardo Martinez</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1903 W. Smith   |                                     | Transaction ID: SA11A1.6998                              |  |
| City<br>edinburg  | State<br>TX                         | Zip Code<br>78539  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed<br>selfemployed  | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Santos Martinez</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 125 East Yucca  |                                     | Transaction ID: SA11A1.6758                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed<br>self-employed   | Occupation<br>private investor      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Santos Martinez</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 125 East Yucca  |                                     | Transaction ID: SA11A1.6877                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer self-employed<br>self-employed   | Occupation<br>private investor      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 76 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Santos Martinez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 125 East Yucca  |  | Transaction ID: SA11A1.6999                              |  |
| City<br>mcallen   | State<br>TX  | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |  | contribution   |  |
| Name of Employer self-employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation private investor<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pedro McDougal</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1516 Iris  |   | Transaction ID: SA11A1.6759                              |  |
| City<br>mcallen  | State<br>TX   | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Pedro McDougal</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1516 Iris  |   | Transaction ID: SA11A1.6878                              |  |
| City<br>mcallen  | State<br>TX   | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 77 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |                                     |   |
|--|-------------------------------------|---|
| A. Full Name (Last, First, Middle Initial)<br>Pedro McDougal<br>Mailing Address 1516 Iris<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br>Transaction ID: SA11A1.7000<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>2250.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| B. Full Name (Last, First, Middle Initial)<br>Bertha Medina<br>Mailing Address 1300 1 1/2 Street<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br>Transaction ID: SA11A1.6760<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>1750.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| C. Full Name (Last, First, Middle Initial)<br>Bertha Medina<br>Mailing Address 1300 1 1/2 Street<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br>Transaction ID: SA11A1.6879<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>2000.00 |   |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bertha Medina</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1300 1 1/2 Street   |                                     | Transaction ID: SA11A1.7001                              |  |
| City mcallen  | State TX                            | Zip Code 78501   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Manuel Mercado</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 3002 Santa Susana   |                                     | Transaction ID: SA11A1.6761                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>234.42 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1734.42 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Manuel Mercado</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 3002 Santa Susana   |                                     | Transaction ID: SA11A1.6880                              |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>248.90 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1983.32 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 733.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Manuel Mercado</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 3002 Santa Susana   |  | Transaction ID: SA11A1.7002                              |  |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>248.36 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2231.68          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Carlos Mohamed</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 5408 N. Cynthia   |  | Transaction ID: SA11A1.6762                              |  |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Carlos Mohamed</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 5408 N. Cynthia   |  | Transaction ID: SA11A1.6881                              |  |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 748.36 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 80 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Carlos Mohamed   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 5408 N. Cynthia   |                                     | Transaction ID: SA11A1.7003                                |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Carlos Morales   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 3325 Kent Lane  |                                     | Transaction ID: SA11A1.6763                                |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78503  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Carlos Morales   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 3325 Kent Lane  |                                     | Transaction ID: SA11A1.6882                                |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78503  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 81 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3325 Kent Lane

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7004

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 1608 Woods Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1039.58

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6764

Amount of Each Receipt this Period  
123.63

contribution

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

Mailing Address 1608 Woods Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.84

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6883

Amount of Each Receipt this Period  
131.26

contribution

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 504.89 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Leonel Moreno<br>Mailing Address 1608 Woods Drive<br>City mission State TX Zip Code 78572<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.7005<br>Amount of Each Receipt this Period<br>130.98<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1301.82 |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Gregoris Nunez<br>Mailing Address 1604 East Eight suite b<br>City weslaco State TX Zip Code 78596<br>FEC ID number of contributing federal political committee. <b>C</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6765<br>Amount of Each Receipt this Period<br>110.79<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>931.64 |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Gregoris Nunez<br>Mailing Address 1604 East Eight suite b<br>City weslaco State TX Zip Code 78596<br>FEC ID number of contributing federal political committee. <b>C</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6884<br>Amount of Each Receipt this Period<br>117.63<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1049.27 |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>359.40</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 83 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1604 East Eight suite b

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.7006

Amount of Each Receipt this Period  
117.38

contribution

**B.** Full Name (Last, First, Middle Initial)  
Juan Ortiz

Mailing Address 4501 N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11A1.6766

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Juan Ortiz

Mailing Address 4501 N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11A1.6885

Amount of Each Receipt this Period  
250.00

contribution

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 617.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 84 / 127                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Juan Ortiz   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 4501 N. Cynthia   |  | Transaction ID: SA11A1.7007                                |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>selfemployed   | Occupation<br>physician                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Armando Osio   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 600 Tulip   |  | Transaction ID: SA11A1.6767                                |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>selfemployed   | Occupation<br>physician                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Armando Osio   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 600 Tulip   |  | Transaction ID: SA11A1.6886                                |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>selfemployed   | Occupation<br>physician                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 85 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>A. Armando Osio  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 600 Tulip   |                                     | Transaction ID: SA11A1.7008                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. Fernando Otero  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 121 E. Quamasia #148  |                                     | Transaction ID: SA11A1.6768                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Fernando Otero  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 121 E. Quamasia #148  |                                     | Transaction ID: SA11A1.6887                                |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer selfemployed   | Occupation<br>physician             | contribution   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 86 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Fernando Otero   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 121 E. Quamasia #148  |                                     | <b>Transaction ID:</b> SA11A1.7009                       |  |
| City mcallen  | State TX                            | Zip Code 78501   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kip Owen   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2305 Red River  |                                     | <b>Transaction ID:</b> SA11A1.6769                       |  |
| City mcallen  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>234.42 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1734.42 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Kip Owen   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2305 Red River  |                                     | <b>Transaction ID:</b> SA11A1.6888                       |  |
| City mcallen  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>248.90 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1983.32 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 733.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | .....  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 87 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |                                     |  |
|--|-------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kip Owen<br>Mailing Address 2305 Red River<br>City mcallen State TX Zip Code 78572<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.7010<br>Amount of Each Receipt this Period<br>248.36<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>2231.68 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Prakash Palimar<br>Mailing Address 121 Canary<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6770<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Prakash Palimar<br>Mailing Address 121 Canary<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6889<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>2000.00 |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>748.36</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 88 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Prakash Palimar</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 121 Canary  |                                     | <b>Transaction ID: SA11A1.7011</b>                       |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Umesh Pathak</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2004 Alexander Drive  |                                    | <b>Transaction ID: SA11A1.6771</b>                       |  |
| City<br>weslaco   | State<br>TX                        | Zip Code<br>78596  | Amount of Each Receipt this Period<br>110.79 |
| FEC ID number of contributing federal political committee.<br>C   |                                    | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician            |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>931.64 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Umesh Pathak</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2004 Alexander Drive  |                                     | <b>Transaction ID: SA11A1.6890</b>                       |  |
| City<br>weslaco   | State<br>TX                         | Zip Code<br>78596  | Amount of Each Receipt this Period<br>117.63 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1049.27 |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 478.42      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | (Empty box) |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 89 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Umesh Pathak

Mailing Address 2004 Alexander Drive

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.65

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2007

Transaction ID: SA11A1.7012

Amount of Each Receipt this Period  
 117.38

contribution

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

Mailing Address 5508 N. Cynthia

City McAllen State TX Zip Code 78502

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 16 / 2007

Transaction ID: SA11A1.6772

Amount of Each Receipt this Period  
 250.00

contribution

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

Mailing Address 5508 N. Cynthia

City McAllen State TX Zip Code 78502

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2007

Transaction ID: SA11A1.6891

Amount of Each Receipt this Period  
 250.00

contribution

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 617.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

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

Mailing Address 5508 N. Cynthia

City State Zip Code  
**McAllen TX 78502**

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

Name of Employer Self-Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID: SA11A1.7015**

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 100 Bluebird

City State Zip Code  
**mcallen TX 78504**

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

**Transaction ID: SA11A1.6773**

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 100 Bluebird

City State Zip Code  
**mcallen TX 78504**

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID: SA11A1.6892**

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 91 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jose Pena</b>  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 100 Bluebird  |                         | Transaction ID: SA11A1.7013                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer<br>selfemployed  | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2250.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Juan Pena</b>  |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 905 S. Huisache Court   |                                | Transaction ID: SA11A1.6774                              |  |
| City<br>pharr   | State<br>TX                    | Zip Code<br>78577  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer<br>self-employed   | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Juan Pena</b>  |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 905 S. Huisache Court   |                                | Transaction ID: SA11A1.6893                              |  |
| City<br>pharr   | State<br>TX                    | Zip Code<br>78577  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer<br>self-employed   | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 92 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Juan Pena</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 905 S. Huisache Court   |  | Transaction ID: SA11A1.7016                              |
| City pharr State TX Zip Code 78577  | Amount of Each Receipt this Period<br>250.00                       |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation private investor<br>Aggregate Year-to-Date ▼<br>2250.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ernie Perez</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address P.O. Box 5360   |   | Transaction ID: SA11A1.6775                              |
| City mcallen State TX Zip Code 78502  | Amount of Each Receipt this Period<br>55.40                       |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation private investor<br>Aggregate Year-to-Date ▼<br>465.83 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ernie Perez</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address P.O. Box 5360   |   | Transaction ID: SA11A1.6894                              |
| City mcallen State TX Zip Code 78502  | Amount of Each Receipt this Period<br>58.82                       |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation private investor<br>Aggregate Year-to-Date ▼<br>524.65 |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 364.22      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 93 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.34

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.6927

Amount of Each Receipt this Period  
58.69

contribution

**B.** Full Name (Last, First, Middle Initial)  
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1721.58

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6776

Amount of Each Receipt this Period  
221.58

contribution

**C.** Full Name (Last, First, Middle Initial)  
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1956.85

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6895

Amount of Each Receipt this Period  
235.27

contribution

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 515.54 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 94 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Claudia Pierson</b>  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 6912 N. Peking  |                         | Transaction ID: SA11A1.7017                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78501  | Amount of Each Receipt this Period<br>234.76 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2191.61                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sergio Preciado</b>  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 521 E. Bluebird   |                         | Transaction ID: SA11A1.6777                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>123.63 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1039.58                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sergio Preciado</b>  |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 521 E. Bluebird   |                         | Transaction ID: SA11A1.6896                              |  |
| City<br>mcallen   | State<br>TX             | Zip Code<br>78504  | Amount of Each Receipt this Period<br>131.26 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1170.84                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 489.65 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 95 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sergio Preciado</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 521 E. Bluebird   |  | Transaction ID: SA11A1.7018                              |
| City State Zip Code<br>mcallen TX 78504   | Amount of Each Receipt this Period<br>130.98 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>1301.82          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sergio Ramirez</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 1608 Woods Drive  |  | Transaction ID: SA11A1.6778                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>1750.00          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sergio Ramirez</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 1608 Woods Drive  |  | Transaction ID: SA11A1.6897                              |
| City State Zip Code<br>mission TX 78572   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>2000.00          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 630.98 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 96 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sergio Ramirez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 1608 Woods Drive   |  | Transaction ID: SA11A1.7019                              |
| City State Zip Code<br>mission TX 78572  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      |  |
| Aggregate Year-to-Date ▼<br>2250.00  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gustavo Ramos</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 1301 S. Perking  |  | Transaction ID: SA11A1.6779                              |
| City State Zip Code<br>mcallen TX 78501  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physicaian                     |  |
| Aggregate Year-to-Date ▼<br>1750.00  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gustavo Ramos</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 1301 S. Perking  |  | Transaction ID: SA11A1.6898                              |
| City State Zip Code<br>mcallen TX 78501  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physicaian                     |  |
| Aggregate Year-to-Date ▼<br>2000.00  |  |  |

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



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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 97 / 127                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gustavo Ramos</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1301 S. Perking  |  | Transaction ID: SA11A1.7020                              |  |
| City State Zip Code<br>mcallen TX 78501  | Amount of Each Receipt this Period<br>250.00                 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physicaian<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. R.V. Reddy</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 1500 Southland Drive   |   | Transaction ID: SA11A1.6780                              |  |
| City State Zip Code<br>weslaco TX 78596  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. R.V. Reddy</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 1500 Southland Drive   |   | Transaction ID: SA11A1.6899                              |  |
| City State Zip Code<br>weslaco TX 78596  | Amount of Each Receipt this Period<br>250.00                |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 98 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7021

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6781

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6900

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 99 / 127                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. William Restrepo</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 1117 S. Cynthia   |                                     | Transaction ID: SA11A1.7022                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78504  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Homero Rivas</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 100 E. Houston  |                                     | Transaction ID: SA11A1.6782                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Homero Rivas</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 100 E. Houston  |                                     | Transaction ID: SA11A1.6901                              |  |
| City<br>mcallen   | State<br>TX                         | Zip Code<br>78501  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation<br>physician             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 100 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Homero Rivas<br>Mailing Address 100 E. Houston<br>City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u>                         |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7023<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table> contribution | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 4 |  | 2 | 0 | 0 | 7 | 250.00 |  |
| M  | M | /   | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 0  | 9 |   | 1       | 4 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 250.00   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td colspan="2">2250.00</td> </tr> </table>   | 2250.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 2250.00  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |

|  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Benjamin Robalino<br>Mailing Address 1217 S. Cynthia<br>City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u>                   |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6783<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table> contribution | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 1 | 6 |  | 2 | 0 | 0 | 7 | 250.00 |  |
| M  | M | /   | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 0  | 7 |   | 1       | 6 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 250.00   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td colspan="2">1750.00</td> </tr> </table>   | 1750.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 1750.00  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |

|  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Benjamin Robalino<br>Mailing Address 1217 S. Cynthia<br>City <u>mcallen</u> State <u>TX</u> Zip Code <u>78501</u>                   |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6902<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table> contribution | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 1 | 0 |  | 2 | 0 | 0 | 7 | 250.00 |  |
| M  | M | /   | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 0  | 8 |   | 1       | 0 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 250.00   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td colspan="2">2000.00</td> </tr> </table>   | 2000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |
| 2000.00  |   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 101 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7024

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 8500 N. Taylor

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 661.20

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6784

Amount of Each Receipt this Period  
56.94

contribution

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

Mailing Address 8500 N. Taylor

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 721.65

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6903

Amount of Each Receipt this Period  
60.45

contribution

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 367.39 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 102 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jose Rodriguez

Mailing Address 8500 N. Taylor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 781.97

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7025

Amount of Each Receipt this Period  
60.32

contribution

**B.** Full Name (Last, First, Middle Initial)  
Paulette Saca

Mailing Address 109 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6785

Amount of Each Receipt this Period  
125.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Paulette Saca

Mailing Address 109 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6904

Amount of Each Receipt this Period  
125.00

contribution

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>310.32</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 103 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paulette Saca</b>  |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 109 Condor  |                                | Transaction ID: SA11A1.7026                              |  |
| City<br>mcallen   | State<br>TX                    | Zip Code<br>78504  | Amount of Each Receipt this Period<br>125.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                | contribution   |  |
| Name of Employer self-employed<br>Receipt For:  | Occupation<br>private investor | Aggregate Year-to-Date ▼<br>1125.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Javier Saenz</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2308 Monaco Drive   |                         | Transaction ID: SA11A1.6786                              |  |
| City<br>mission   | State<br>TX             | Zip Code<br>78574  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed<br>Receipt For:   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>1750.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|   |                         |  |  |
|---|-------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Javier Saenz</b>   |                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2308 Monaco Drive   |                         | Transaction ID: SA11A1.6905                              |  |
| City<br>mission   | State<br>TX             | Zip Code<br>78574  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                         | contribution   |  |
| Name of Employer selfemployed<br>Receipt For:   | Occupation<br>physician | Aggregate Year-to-Date ▼<br>2000.00                      |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                         |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 625.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 104 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Javier Saenz</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 2308 Monaco Drive   |  | Transaction ID: SA11A1.7028                              |
| City mission State TX Zip Code 78574  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JJ Saenz</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 2400 S.E. Augusta Square  |  | Transaction ID: SA11A1.6787                              |
| City mcallen State TX Zip Code 78503  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JJ Saenz</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 2400 S.E. Augusta Square  |  | Transaction ID: SA11A1.6906                              |
| City mcallen State TX Zip Code 78503  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer selfemployed   | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 105 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> JJ Saenz   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 2400 S.E. Augusta Square  |  | Transaction ID: SA11A1.7027                              |
| City State Zip Code<br>mcallen TX 78503   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>selfemployed  | Occupation<br>physician                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Larry Safir  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 3300 S. 2nd suite 10  |  | Transaction ID: SA11A1.6748                              |
| City State Zip Code<br>mcallen TX 78503   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>self-employed   | Occupation<br>private investor               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Larry Safir  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 3300 S. 2nd suite 10  |  | Transaction ID: SA11A1.6867                              |
| City State Zip Code<br>mcallen TX 78503   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>self-employed   | Occupation<br>private investor               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

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

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

|  |   |                |
|--|---|----------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 106 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Larry Safir  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 3300 S. 2nd<br>suite 10   |                                     | <b>Transaction ID:</b> SA11A1.6989                       |  |
| City mcallen  | State TX                            | Zip Code 78503   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer self-employed  | Occupation private investor         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mariano Salinas  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2007 Brazos Court   |                                     | <b>Transaction ID:</b> SA11A1.6788                       |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mariano Salinas  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2007 Brazos Court   |                                     | <b>Transaction ID:</b> SA11A1.6907                       |  |
| City mission  | State TX                            | Zip Code 78572   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 107 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mariano Salinas</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 2007 Brazos Court   |  | <b>Transaction ID: SA11A1.7029</b>                       |  |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2250.00          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Manuel Sanchez</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 2804 Santa Lydia  |  | <b>Transaction ID: SA11A1.6789</b>                       |  |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Manuel Sanchez</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 2804 Santa Lydia  |  | <b>Transaction ID: SA11A1.6908</b>                       |  |
| City mission State TX Zip Code 78572  | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 108 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.7030

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code  
mcallen TX 78502

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11A1.6790

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code  
mcallen TX 78502

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11A1.6909

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 109 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7031

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P. O.Box 236

City State Zip Code  
austin TX 78767

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6791

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P. O.Box 236

City State Zip Code  
austin TX 78767

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6910

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 110 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>John Sharp   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address P. O.Box 236  |  | <b>Transaction ID:</b> SA11A1.7032                       |
| City State Zip Code<br>austin TX 78767  | Amount of Each Receipt this Period<br>250.00                       |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation private investor<br>Aggregate Year-to-Date ▼<br>2250.00 |  |

|  |   |  |
|--|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Tawhid Shuaib   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 4000 Burns Drive   |   | <b>Transaction ID:</b> SA11A1.6792                       |
| City State Zip Code<br>mcallen TX 78503  | Amount of Each Receipt this Period<br>250.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |

|  |   |  |
|--|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Tawhid Shuaib   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 4000 Burns Drive   |   | <b>Transaction ID:</b> SA11A1.6911                       |
| City State Zip Code<br>mcallen TX 78503  | Amount of Each Receipt this Period<br>250.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 111 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7033

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 112 S. Broadway

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
07 / 16 / 2007

Transaction ID: SA11A1.6793

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 112 S. Broadway

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
08 / 10 / 2007

Transaction ID: SA11A1.6912

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                |
|--|---|----------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 112 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jose Trejo</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 112 S. Broadway   |  | Transaction ID: SA11A1.7034                              |
| City State Zip Code<br>mcallen TX 78501   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed<br>Occupation private investor   | Aggregate Year-to-Date ▼<br>2250.00          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Juan Trevino</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 205 E. Toronto  |   | Transaction ID: SA11A1.6794                              |
| City State Zip Code<br>mcallen TX 78501   | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>350.00          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Juan Trevino</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 205 E. Toronto  |   | Transaction ID: SA11A1.6913                              |
| City State Zip Code<br>mcallen TX 78501   | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer selfemployed<br>Occupation physician   | Aggregate Year-to-Date ▼<br>400.00          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 113 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |                                    |   |
|--|------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Juan Trevino<br>Mailing Address 205 E. Toronto<br>City mcallen State TX Zip Code 78501<br>FEC ID number of contributing federal political committee. <b>C</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID:</b> SA11A1.7035<br>Amount of Each Receipt this Period<br>50.00<br>contribution |
| Name of Employer self-employed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>450.00 |   |

|   |                                     |  |
|---|-------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Susan Turley<br>Mailing Address 312 Thunderbird<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID:</b> SA11A1.6795<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>1750.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Susan Turley<br>Mailing Address 312 Thunderbird<br>City mcallen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b> |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID:</b> SA11A1.6914<br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer self-employed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>2000.00 |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>550.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 114 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** SA11A1.7036

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

**Transaction ID:** SA11A1.6796

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** SA11A1.6915

Amount of Each Receipt this Period  
250.00

contribution

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

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

|  |   |                |
|--|---|----------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 115 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Marcel Twahirwa<br>Mailing Address 2403 El Encino Drive<br>City mission State TX Zip Code 78572<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID: SA11A1.7037</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed Occupation physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2250.00      |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Jose Vasquez<br>Mailing Address 2548 Palm Circle<br>City rio grande city State TX Zip Code 78582<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID: SA11A1.6797</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed Occupation physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1750.00       |  |  |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Jose Vasquez<br>Mailing Address 2548 Palm Circle<br>City rio grande city State TX Zip Code 78582<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID: SA11A1.6916</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed Occupation physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2000.00       |  |  |

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

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

|  |   |                |
|--|---|----------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 116 / 127 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jose Vasquez</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 2548 Palm Circle   |  | <b>Transaction ID: SA11A1.7039</b>                       |
| City State Zip Code<br>rio grande city TX 78582  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      |  |
| Aggregate Year-to-Date ▼<br>2250.00  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ramiro Verdoreen</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 301 E. Newport   |  | <b>Transaction ID: SA11A1.6798</b>                       |
| City State Zip Code<br>mcallen TX 78501  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      |  |
| Aggregate Year-to-Date ▼<br>1750.00  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ramiro Verdoreen</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 301 E. Newport   |  | <b>Transaction ID: SA11A1.6917</b>                       |
| City State Zip Code<br>mcallen TX 78501  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      |  |
| Aggregate Year-to-Date ▼<br>2000.00  |  |  |

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 117 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ramiro Verdoreen</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 301 E. Newport   |   | Transaction ID: SA11A1.7038                              |
| City State Zip Code<br>mcallen TX 78501  | Amount of Each Receipt this Period<br>250.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2250.00 |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Carlos Villalta</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address P. O. Box 1632   |  | Transaction ID: SA11A1.6799                              |
| City State Zip Code<br>mission TX 78573  | Amount of Each Receipt this Period<br>125.00               |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>875.00 |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Carlos Villalta</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address P. O. Box 1632   |   | Transaction ID: SA11A1.6918                              |
| City State Zip Code<br>mission TX 78573  | Amount of Each Receipt this Period<br>125.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1000.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 118 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address P. O. Box 1632

City State Zip Code  
mission TX 78573

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** SA11A1.7040

Amount of Each Receipt this Period  
125.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1139.55

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

**Transaction ID:** SA11A1.6800

Amount of Each Receipt this Period  
135.52

contribution

**C.** Full Name (Last, First, Middle Initial)  
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1283.44

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** SA11A1.6919

Amount of Each Receipt this Period  
143.89

contribution

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>404.41</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 119 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rita Villanueva</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |  |
| Mailing Address 801 E. Nolana Suite 4   |                                     | <b>Transaction ID: SA11A1.7041</b>                       |  |
| City mcallen  | State TX                            | Zip Code 78504   | Amount of Each Receipt this Period<br>143.58 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1427.02 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Victor Villarreal</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 901 W. Moore  |                                    | <b>Transaction ID: SA11A1.6801</b>                       |  |
| City pharr  | State TX                           | Zip Code 78577   | Amount of Each Receipt this Period<br>110.79 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | contribution   |  |
| Name of Employer selfemployed   | Occupation physician               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>931.64 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Victor Villarreal</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 901 W. Moore  |                                     | <b>Transaction ID: SA11A1.6920</b>                       |  |
| City pharr  | State TX                            | Zip Code 78577   | Amount of Each Receipt this Period<br>117.63 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | contribution   |  |
| Name of Employer selfemployed   | Occupation physician                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1049.27 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 372.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 120 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Victor Villarreal  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 901 W. Moore  |  | Transaction ID: SA11A1.7042                              |
| City pharr State TX Zip Code 78577  | Amount of Each Receipt this Period<br>117.38 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation physician                         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1166.65          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Raymond Walker   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 1117 Shallow apt 4  |  | Transaction ID: SA11A1.6802                              |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation private investor                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Raymond Walker   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 1117 Shallow apt 4  |  | Transaction ID: SA11A1.6921                              |
| City mcallen State TX Zip Code 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | contribution   |
| Name of Employer self-employed  | Occupation private investor                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 617.38      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | (Empty box) |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 121 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Raymond Walker

Mailing Address 1117 Shallow apt 4

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.7043

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 312 Redbud

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
739.47

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11A1.6803

Amount of Each Receipt this Period  
87.94

contribution

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

Mailing Address 312 Redbud

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
832.84

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

Transaction ID: SA11A1.6922

Amount of Each Receipt this Period  
93.37

contribution

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>431.31</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 122 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. James Webb</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |   |
| Mailing Address 312 Redbud  |   | <b>Transaction ID: SA11A1.7044</b>                       |   |
| City<br>mcallen   | State<br>TX   | Zip Code<br>78504  | Amount of Each Receipt this Period<br>93.17 |
| FEC ID number of contributing federal political committee.<br>C   |   | contribution   |   |
| Name of Employer self-employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation private investor<br>Aggregate Year-to-Date ▼<br>926.01 |  |   |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Patrick Wilcox</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |  |
| Mailing Address 111 Rio Grande   |   | <b>Transaction ID: SA11A1.6804</b>                       |  |
| City<br>mission  | State<br>TX   | Zip Code<br>78572  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>1750.00 |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Patrick Wilcox</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |  |
| Mailing Address 111 Rio Grande   |   | <b>Transaction ID: SA11A1.6923</b>                       |  |
| City<br>mission  | State<br>TX   | Zip Code<br>78572  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C  |   | contribution   |  |
| Name of Employer selfemployed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation physician<br>Aggregate Year-to-Date ▼<br>2000.00 |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 593.17      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 123 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Patrick Wilcox<br>Mailing Address 111 Rio Grande<br>City mission State TX Zip Code 78572<br>FEC ID number of contributing federal political committee. <b>C</b>            |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 14 / 2007<br><b>Transaction ID: SA11A1.7045</b><br>Amount of Each Receipt this Period<br>250.00<br>contribution |
| Name of Employer selfemployed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2250.00 |  |  |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Subbarao Yarra<br>Mailing Address 6905 N. Cynthia<br>City McAllen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 16 / 2007<br><b>Transaction ID: SA11A1.6805</b><br>Amount of Each Receipt this Period<br>50.00<br>contribution |
| Name of Employer Self-employed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |  |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Subbarao Yarra<br>Mailing Address 6905 N. Cynthia<br>City McAllen State TX Zip Code 78504<br>FEC ID number of contributing federal political committee. <b>C</b>           |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 10 / 2007<br><b>Transaction ID: SA11A1.6924</b><br>Amount of Each Receipt this Period<br>50.00<br>contribution |
| Name of Employer Self-employed<br>Occupation physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 124 / 127               |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Subbarao Yarra   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 14 / 2007 |
| Mailing Address 6905 N. Cynthia   |   | <b>Transaction ID:</b> SA11A1.7046                       |
| City State Zip Code<br>McAllen TX 78504   | Amount of Each Receipt this Period<br>50.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | contribution   |
| Name of Employer Self-employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                     |  |
| Aggregate Year-to-Date ▼<br>450.00  |   |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Hugo Zapata   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2007 |
| Mailing Address 316 Xenops   |  | <b>Transaction ID:</b> SA11A1.6806                       |
| City State Zip Code<br>mcallen TX 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      |  |
| Aggregate Year-to-Date ▼<br>1750.00  |  |  |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Hugo Zapata   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 316 Xenops   |  | <b>Transaction ID:</b> SA11A1.6925                       |
| City State Zip Code<br>mcallen TX 78504  | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | contribution   |
| Name of Employer selfemployed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation<br>physician                      |  |
| Aggregate Year-to-Date ▼<br>2000.00  |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 550.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 127  
 (check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 316 Xenops

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| mcallen | TX    | 78504    |

FEC ID number of contributing federal political committee. C

|                                  |                         |
|----------------------------------|-------------------------|
| Name of Employer<br>selfemployed | Occupation<br>physician |
|----------------------------------|-------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
09 / 14 / 2007

Transaction ID: SA11A1.7047

Amount of Each Receipt this Period  
250.00

contribution

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">250.00</span>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;">77995.44</span> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 127

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. HENRY R CUELLAR</b>  |  | <b>Transaction ID: SB23.7053</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2007 |
| Mailing Address 1519 Washington Street<br>2nd Floor Suite 200   |  | Amount of Each Disbursement this Period<br>5000.00  |
| City LAREDO State TX Zip Code 78042   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement contribution  |  |   |
| Candidate Name HENRY R CUELLAR  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2007<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: TX District: 28  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CHET EDWARDS</b>   |  | <b>Transaction ID: SB23.7059</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 30 / 2007 |
| Mailing Address PO Box 23273  |  | Amount of Each Disbursement this Period<br>5000.00  |
| City WACO State TX Zip Code 76702   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement contribution  |  |   |
| Candidate Name CHET EDWARDS   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2007<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: TX District: 17  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. BOB FILNER</b>   |  | <b>Transaction ID: SB23.7056</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 10 / 2007 |
| Mailing Address 2828 WISCONSIN AVE NW APT 311   |  | Amount of Each Disbursement this Period<br>5000.00  |
| City WASHINGTON State DC Zip Code 20007   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement contribution  |  |   |
| Candidate Name BOB FILNER   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2007<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA District: 51  |  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 127

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. HILLARY CLINTON FOR PRESIDENT 2008</b>   |  | <b>Transaction ID: SB23.7064</b><br>Date of Disbursement  |
| Mailing Address 180 HARBOR DRIVE SUITE 204-B  |  | <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2007"/> |
| City SAUSALITO  | State CA   | Zip Code 94965  |
| Purpose of Disbursement contribution  | <input type="text" value="011"/><br>Category/Type  |   |
| Candidate Name HILLARY RODHAM CLINTON   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NY District: 00  |  |   |
|   |  | Amount of Each Disbursement this Period<br><input type="text" value="5000.00"/>                       |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RUBEN E HINOJOSA</b>   |  | <b>Transaction ID: SB23.7058</b><br>Date of Disbursement  |
| Mailing Address 1404 South Illinois   |  | <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2007"/> |
| City Mercedes   | State TX   | Zip Code 78570  |
| Purpose of Disbursement contribution  | <input type="text" value="011"/><br>Category/Type  |   |
| Candidate Name RUBEN E HINOJOSA   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2007<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: TX District: 15  |  |   |
|   |  | Amount of Each Disbursement this Period<br><input type="text" value="5000.00"/>                       |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SOLOMON P ORTIZ</b>  |  | <b>Transaction ID: SB23.7057</b><br>Date of Disbursement  |
| Mailing Address 4514 CARLOW   |  | <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2007"/> |
| City CORPUS CHRISTI   | State TX   | Zip Code 78467  |
| Purpose of Disbursement contribution  | <input type="text" value="011"/><br>Category/Type  |   |
| Candidate Name SOLOMON P ORTIZ  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2007<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: TX District: 27  |  |   |
|   |  | Amount of Each Disbursement this Period<br><input type="text" value="5000.00"/>                       |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="15000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="30000.00"/> |