

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 612 W. Nolana Suite 340 Check if different than previously reported. (ACC) McAllen TX 78504

2. FEC IDENTIFICATION NUMBER C00415752 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post -Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2009 through 09 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 04 27 2011

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

with respect to contribution made to recipient joe linus barton on 07.20.2009 reflecting designation date of G-2009, intent was to reflect designation date of G-2010.
with respect to contribution made to recipient henry r cuellar on 09.02.2009 reflecting designation date of G-2009, intent was to reflect designation date of P-2010.

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 | 9 |

 To:

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

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| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | X | Y | Y | Y | 2 | 0 | 0 | 9 | | 832724.43 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 936267.84 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 86672.08 | 262956.32 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1022939.92 | 1095680.75 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 128926.00 | 201666.83 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 894013.92 | 894013.92 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 1800.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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 | 9 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 84404.45 | 246122.54 |
| (ii) Unitemized | 2267.63 | 11833.78 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 86672.08 | 257956.32 |
| (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) | 86672.08 | 257956.32 |
| 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 | 5000.00 |
| 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)) | 86672.08 | 262956.32 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 86672.08 | 262956.32 |

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 42926.00 | 55666.83 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 42926.00 | 55666.83 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 86000.00 | 146000.00 |
| 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)).. | 128926.00 | 201666.83 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 128926.00 | 201666.83 |

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 86672.08 | 257956.32 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 86672.08 | 257956.32 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 42926.00 | 55666.83 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 42926.00 | 55666.83 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 157

(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)
Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10091

Amount of Each Receipt this Period 250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10267

Amount of Each Receipt this Period 250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10438

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 157

(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)
Ricardo Abreu

Mailing Address 200
E. Xenops

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 ▼
1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10092

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ricardo Abreu

Mailing Address 200
E. Xenops

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 ▼
1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10350

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ricardo Abreu

Mailing Address 200
E. Xenops

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 ▼
1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10439

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10093</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10268</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10440</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 157 |
| | <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 Aguilera | | Date of Receipt |
| | Mailing Address 807 North Cage | | <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 07 / 17 / 2009 |
| | City | State | Zip Code |
| | Pharr | TX | 78577 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10094 |
| | Amount of Each Receipt this Period | | <input type="text"/> 250.00 |
| Name of Employer selfemployed | | Occupation | contribution |
| selfemployed | | physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text"/> 1750.00 | | |

| | | | |
|---|--|------------|---|
| B. | Full Name (Last, First, Middle Initial) Juan Aguilera | | Date of Receipt |
| | Mailing Address 807 North Cage | | <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 08 / 21 / 2009 |
| | City | State | Zip Code |
| | Pharr | TX | 78577 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10348 |
| | Amount of Each Receipt this Period | | <input type="text"/> 250.00 |
| Name of Employer selfemployed | | Occupation | contribution |
| selfemployed | | physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text"/> 2000.00 | | |

| | | | |
|---|--|------------|---|
| C. | Full Name (Last, First, Middle Initial) Juan Aguilera | | Date of Receipt |
| | Mailing Address 807 North Cage | | <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 09 / 17 / 2009 |
| | City | State | Zip Code |
| | Pharr | TX | 78577 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10441 |
| | Amount of Each Receipt this Period | | <input type="text"/> 250.00 |
| Name of Employer selfemployed | | Occupation | contribution |
| selfemployed | | physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text"/> 2250.00 | | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 157 |
| | <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) Michael Alleyn | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 5505 N. 4th | Transaction ID: SA11AI.10096 |
| | City State Zip Code mcallen TX 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| Name of Employer self-employed Occupation private investor | Aggregate Year-to-Date ▼ 1750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Michael Alleyn | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 5505 N. 4th | Transaction ID: SA11AI.10269 |
| | City State Zip Code mcallen TX 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| Name of Employer self-employed Occupation private investor | Aggregate Year-to-Date ▼ 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael Alleyn | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 5505 N. 4th | Transaction ID: SA11AI.10443 |
| | City State Zip Code mcallen TX 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| Name of Employer self-employed Occupation private investor | Aggregate Year-to-Date ▼ 2250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Michael Amyx</p> <p>Mailing Address 2108 Mynah</p> <p>City State Zip Code <u>mcallen</u> TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed private investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10097</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Michael Amyx</p> <p>Mailing Address 2108 Mynah</p> <p>City State Zip Code <u>mcallen</u> TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed private investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10270</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Michael Amyx</p> <p>Mailing Address 2108 Mynah</p> <p>City State Zip Code <u>mcallen</u> TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed private investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10445</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 13 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7004
N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10100

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 7004
N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10271

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 7004
N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10446

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Daisy Arce

Mailing Address 129 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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10101

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Daisy Arce

Mailing Address 129 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10336

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Daisy Arce

Mailing Address 129 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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10447

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 157
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
Donna TX 78537

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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10448

Amount of Each Receipt this Period
25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10295

Amount of Each Receipt this Period
125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10449

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) | PAGE 16 / 157 |
| | <input checked="" 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) Murphy Badiga | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 1503 S. Airport suite 6 | Transaction ID: SA11AI.10105 |
| | City weslaco State TX Zip Code 78596 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Murphy Badiga | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 1503 S. Airport suite 6 | Transaction ID: SA11AI.10272 |
| | City weslaco State TX Zip Code 78596 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Murphy Badiga | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 1503 S. Airport suite 6 | Transaction ID: SA11AI.10450 |
| | City weslaco State TX Zip Code 78596 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 157

(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)
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10106

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10273

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10451

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 157
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ricardo Barrera | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 420 Frio | | Transaction ID: SA11AI.10107 |
| City mission | State TX | Zip Code 78572 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer self-employed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1700.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ricardo Barrera | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 420 Frio | | Transaction ID: SA11AI.10274 |
| City mission | State TX | Zip Code 78572 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer self-employed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1900.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ricardo Barrera | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 420 Frio | | Transaction ID: SA11AI.10452 |
| City mission | State TX | Zip Code 78572 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer self-employed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2100.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 19 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Juan Bernini
Mailing Address 2804 Santa Ana
City mission State TX Zip Code 78574
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10108
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 08 / 21 / 2009
Transaction ID: SA11AI.10275
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 09 / 17 / 2009
Transaction ID: SA11AI.10453
Amount of Each Receipt this Period 250.00
contribution

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 157 |
| | <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) Sarojini Bose | | Date of Receipt |
| | Mailing Address 7007 N 1st Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2009 |
| | City | State | Zip Code |
| | mcallen | TX | 78504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10109 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | physician | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 1750.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Sarojini Bose | | Date of Receipt |
| | Mailing Address 7007 N 1st Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | mcallen | TX | 78504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10276 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | physician | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 2000.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Sarojini Bose | | Date of Receipt |
| | Mailing Address 7007 N 1st Lane | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2009 |
| | City | State | Zip Code |
| | mcallen | TX | 78504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10454 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | physician | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 2250.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10110

Amount of Each Receipt this Period contribution 250.00

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: MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10277

Amount of Each Receipt this Period contribution 250.00

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: MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10455

Amount of Each Receipt this Period contribution 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 157 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Robert Brace | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 2000 N. 8th Street | Transaction ID: SA11AI.10111 |
| | City mcallen State TX Zip Code 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Robert Brace | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 2000 N. 8th Street | Transaction ID: SA11AI.10278 |
| | City mcallen State TX Zip Code 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert Brace | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 2000 N. 8th Street | Transaction ID: SA11AI.10456 |
| | City mcallen State TX Zip Code 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Alejandro Bugnone

Mailing Address 429
Umar

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation
doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10294

Amount of Each Receipt this Period

200.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Alejandro Bugnone

Mailing Address 429
Umar

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation
doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10457

Amount of Each Receipt this Period

200.00

contribution

C.

Full Name (Last, First, Middle Initial)
Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10458

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

425.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10115
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10279
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10459
Amount of Each Receipt this Period 250.00
contribution

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

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

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

FOR LINE NUMBER: PAGE 25 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10116

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10280

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
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
09 / 17 / 2009

Transaction ID: SA11AI.10460

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1016 E. Griffin Parkway

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.10117

Amount of Each Receipt this Period contribution 250.00

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

Mailing Address 1016 E. Griffin Parkway

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.10281

Amount of Each Receipt this Period contribution 250.00

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

Mailing Address 1016 E. Griffin Parkway

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.10461

Amount of Each Receipt this Period contribution 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Dr. Eduardo Carrillo</p> <p>Mailing Address 2300 Silverado North</p> <p>City State Zip Code Mission TX 78572</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10118</p> <p>Amount of Each Receipt this Period 150.00</p> <p>contribution</p> |
|--|---|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Dr. Eduardo Carrillo</p> <p>Mailing Address 2300 Silverado North</p> <p>City State Zip Code Mission TX 78572</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10297</p> <p>Amount of Each Receipt this Period 150.00</p> <p>contribution</p> |
|--|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Dr. Eduardo Carrillo</p> <p>Mailing Address 2300 Silverado North</p> <p>City State Zip Code Mission TX 78572</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1050.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10462</p> <p>Amount of Each Receipt this Period 150.00</p> <p>contribution</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 157
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marissa Castaneda | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 5021 Elk Lane | | Transaction ID: SA11AI.10119 |
| City Edinburg | State TX | Zip Code 78539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer self-employed | Occupation private investor | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marissa Castaneda | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 5021 Elk Lane | | Transaction ID: SA11AI.10359 |
| City Edinburg | State TX | Zip Code 78539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer self-employed | Occupation private investor | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Marissa Castaneda | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 5021 Elk Lane | | Transaction ID: SA11AI.10463 |
| City Edinburg | State TX | Zip Code 78539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer self-employed | Occupation private investor | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 150.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10120

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10282

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10464

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2301 N. Bryan Road

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: MM / DD / YYYY 07 / 17 / 2009

Transaction ID: SA11AI.10121

Amount of Each Receipt this Period contribution 250.00

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

Mailing Address 2301 N. Bryan Road

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY 08 / 21 / 2009

Transaction ID: SA11AI.10283

Amount of Each Receipt this Period contribution 250.00

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

Mailing Address 2301 N. Bryan Road

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: MM / DD / YYYY 09 / 17 / 2009

Transaction ID: SA11AI.10465

Amount of Each Receipt this Period contribution 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 31 / 157 |
| | (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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) R. Chandrasekharan | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 1210 East 8th street suite 1 | Transaction ID: SA11AI.10122 |
| | City weslaco State TX Zip Code 78591 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) R. Chandrasekharan | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 1210 East 8th street suite 1 | Transaction ID: SA11AI.10286 |
| | City weslaco State TX Zip Code 78591 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) R. Chandrasekharan | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 1210 East 8th street suite 1 | Transaction ID: SA11AI.10466 |
| | City weslaco State TX Zip Code 78591 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 157
(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)
Margaret Coon

Mailing Address 3904 Bluejay drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1572.74

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10124

Amount of Each Receipt this Period
196.95

contribution

B.

Full Name (Last, First, Middle Initial)
Margaret Coon

Mailing Address 3904 Bluejay drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.69

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10335

Amount of Each Receipt this Period
196.95

contribution

C.

Full Name (Last, First, Middle Initial)
Margaret Coon

Mailing Address 3904 Bluejay drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1933.81

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10468

Amount of Each Receipt this Period
164.12

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **558.02**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1660.74

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10125

Amount of Each Receipt this Period
219.06

contribution

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1879.80

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10287

Amount of Each Receipt this Period
219.06

contribution

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2062.35

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10469

Amount of Each Receipt this Period
182.55

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **620.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1224 Northgate Lane

City 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 ▼ 1363.46

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10126

Amount of Each Receipt this Period
223.93

contribution

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1587.39

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10288

Amount of Each Receipt this Period
223.93

contribution

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1774.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10470

Amount of Each Receipt this Period
186.61

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **634.47**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10127

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10289

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10471

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 157

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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)

James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10128

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10363

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10472

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 157

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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)

David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
private investor

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 17 2009

Transaction ID: SA11AI.10130

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
private investor

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

Date of Receipt

M M / D D / Y Y Y Y Y
08 21 2009

Transaction ID: SA11AI.10291

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
private investor

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10474

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10131

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10290

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10475

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Luis Delgado, Jr.
Mailing Address 5128 N. 10th

City 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 ▼ 1050.00

Date of Receipt: MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10132

Amount of Each Receipt this Period
150.00

contribution

B. Full Name (Last, First, Middle Initial)
Luis Delgado, Jr.
Mailing Address 5128 N. 10th

City 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 ▼ 1200.00

Date of Receipt: MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10334

Amount of Each Receipt this Period
150.00

contribution

C. Full Name (Last, First, Middle Initial)
Luis Delgado, Jr.
Mailing Address 5128 N. 10th

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 ▼ 1350.00

Date of Receipt: MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10476

Amount of Each Receipt this Period
150.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alberto Duran
Mailing Address 1615 Palazzo
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10134
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Alberto Duran
Mailing Address 1615 Palazzo
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10329
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alberto Duran
Mailing Address 1615 Palazzo
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10478
Amount of Each Receipt this Period 250.00
contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 157

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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)
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

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 ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10136

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

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 ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10338

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

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 ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10480

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10137

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10339

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10481

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2212 Westway

City 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 ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10138

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10340

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10482

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 44 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alberto Felici
 Mailing Address 2309 W. Greenbriar Square
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2009
Transaction ID: SA11AI.10139
 Amount of Each Receipt this Period
 100.00
 contribution

B. Full Name (Last, First, Middle Initial)
Alberto Felici
 Mailing Address 2309 W. Greenbriar Square
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 21 / 2009
Transaction ID: SA11AI.10341
 Amount of Each Receipt this Period
 100.00
 contribution

C. Full Name (Last, First, Middle Initial)
Alberto Felici
 Mailing Address 2309 W. Greenbriar Square
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 17 / 2009
Transaction ID: SA11AI.10483
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 157

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10140

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10342

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10484

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 157

(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)
Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation private investor

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 17 2009

Transaction ID: SA11AI.10141

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 21 2009

Transaction ID: SA11AI.10306

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10485

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 157

(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)
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10142

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10343

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10143

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10344

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10488

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10144

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2712 E Mile 5 Road

City Mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10337
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 2712 E Mile 5 Road

City Mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10489
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 5404 N. 1st street

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10147
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

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

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10349

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10492

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10148

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 157

(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)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
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 Y
08 21 2009

Transaction ID: SA11AI.10352

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed 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 17 2009

Transaction ID: SA11AI.10493

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1617.47

Date of Receipt

M M / D D / Y Y Y Y Y
07 17 2009

Transaction ID: SA11AI.10149

Amount of Each Receipt this Period

212.33

contribution

SUBTOTAL of Receipts This Page (optional)

712.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1829.80

Date of Receipt

M M / D D / Y Y Y Y
08 21 2009

Transaction ID: SA11AI.10357

Amount of Each Receipt this Period

212.33

contribution

B.

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

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2006.74

Date of Receipt

M M / D D / Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10494

Amount of Each Receipt this Period

176.94

contribution

C.

Full Name (Last, First, Middle Initial)
Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2009

Transaction ID: SA11AI.10150

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

489.27

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 157

(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)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.10353

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10495

Amount of Each Receipt this Period

100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation
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
0 7 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10154

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 157
(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) Alfredo Gonzalez | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 2305 Monaco Drive | | Transaction ID: SA11AI.10390 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Alfredo Gonzalez | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 2305 Monaco Drive | | Transaction ID: SA11AI.10500 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Jaime Gonzalez | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 3511 Plazas del Lago | | Transaction ID: SA11AI.10155 |
| City edinburg | State TX | Zip Code 78539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation private investor | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 157
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10397

Amount of Each Receipt this Period
250.00

contribution

B.

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

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10501

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10152

Amount of Each Receipt this Period
250.00

contribution

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 / 157 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson | | Date of Receipt |
| | Mailing Address 1501 Meadwood | | <input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | weslaco | TX | 78596 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10398 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | physician | <input type="text" value="250.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="2000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson | | Date of Receipt |
| | Mailing Address 1501 Meadwood | | <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | weslaco | TX | 78596 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10497 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | physician | <input type="text" value="250.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="2250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Verley Gordon | | Date of Receipt |
| | Mailing Address 1700 E. Mile 3 Road | | <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | mission | TX | 78574 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10157 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | physician | <input type="text" value="250.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="1750.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 157
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Verley Gordon | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 1700 E. Mile 3 Road | | Transaction ID: SA11AI.10418 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Verley Gordon | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 1700 E. Mile 3 Road | | Transaction ID: SA11AI.10502 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Enrique Griego | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 905 Inspiratin Drive | | Transaction ID: SA11AI.10158 |
| City pharr | State TX | Zip Code 78577 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 58 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Enrique Griego
 Mailing Address 905 Inspiratin Drive
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt M M / D D / Y Y Y Y Y
08 / 21 / 2009
Transaction ID: SA11AI.10428
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Enrique Griego
 Mailing Address 905 Inspiratin Drive
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation 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 / 17 / 2009
Transaction ID: SA11AI.10503
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
John Guerra
 Mailing Address 3105 Forest Court
 City State Zip Code
mission TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00
 Date of Receipt M M / D D / Y Y Y Y Y
07 / 17 / 2009
Transaction ID: SA11AI.10160
 Amount of Each Receipt this Period 100.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10427

Amount of Each Receipt this Period

100.00

contribution

B.

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

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10505

Amount of Each Receipt this Period

100.00

contribution

C.

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

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation
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 / 17 / 2009

Transaction ID: SA11AI.10161

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 157 |
| | <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) Marcy Guerra | | Date of Receipt |
| | Mailing Address 13337 Borolo Drive | | <input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | edinburg | TX | 78541 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10426 |
| Name of Employer selfemployed | | Occupation | Amount of Each Receipt this Period |
| selfemployed | | physician | <input type="text" value="250.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="2000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Marcy Guerra | | Date of Receipt |
| | Mailing Address 13337 Borolo Drive | | <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | edinburg | TX | 78541 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10506 |
| Name of Employer selfemployed | | Occupation | Amount of Each Receipt this Period |
| selfemployed | | physician | <input type="text" value="250.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="2250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Rodolfo Guerrero | | Date of Receipt |
| | Mailing Address 1402 E. 8th Street | | <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | weslaco | TX | 78596 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10162 |
| Name of Employer selfemployed | | Occupation | Amount of Each Receipt this Period |
| selfemployed | | physician | <input type="text" value="250.00"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="1723.25"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

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

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

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

FOR LINE NUMBER: PAGE 61 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1402 E. 8th 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 ▼ 1973.25

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10425

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1402 E. 8th Street

City 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 ▼ 2223.25

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10507

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10163

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alberto Gutierrez
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Transaction ID: SA11AI.10424
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Alberto Gutierrez
 Mailing Address 6020 Wisconsin
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Transaction ID: SA11AI.10508
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Marco Gutierrez
 Mailing Address 511 N. Depot Road
 City State Zip Code
 edinburg TX 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Transaction ID: SA11AI.10164
 Amount of Each Receipt this Period 250.00
 contribution

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

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

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

FOR LINE NUMBER: PAGE 63 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10423

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10509

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10165

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 64 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Miguel Gutierrez
 Mailing Address 224 Lindberg
 City 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 ▼ 2000.00
 Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Transaction ID: SA11AI.10422
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Miguel Gutierrez
 Mailing Address 224 Lindberg
 City State Zip Code
 mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Transaction ID: SA11AI.10510
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Anna Lisa Guzman
 Mailing Address P.O. Box 720235
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Transaction ID: SA11AI.10166
 Amount of Each Receipt this Period 50.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 550.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 157

(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)
Anna Lisa Guzman

Mailing Address P.O. Box 720235

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician assistant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10333

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Anna Lisa Guzman

Mailing Address P.O. Box 720235

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician assistant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10511

Amount of Each Receipt this Period

50.00

contribution

C.

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10167

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10421

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10512

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Thomas Hausle

Mailing Address 701 South J

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 ▼ 525.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10168

Amount of Each Receipt this Period
75.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **575.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 157

(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)
Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10330

Amount of Each Receipt this Period

75.00

contribution

B.

Full Name (Last, First, Middle Initial)
Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10513

Amount of Each Receipt this Period

75.00

contribution

C.

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

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1105.85

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10169

Amount of Each Receipt this Period

160.09

contribution

SUBTOTAL of Receipts This Page (optional) ▶

310.09

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

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

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

FOR LINE NUMBER: PAGE 68 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Robert Helbing
Mailing Address 820 Tamarack
City 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 ▼ 1265.94
Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Transaction ID: SA11AI.10417
Amount of Each Receipt this Period 160.09
contribution

B. Full Name (Last, First, Middle Initial)
Robert Helbing
Mailing Address 820 Tamarack
City State Zip Code
mcallen TX 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1399.35
Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Transaction ID: SA11AI.10514
Amount of Each Receipt this Period 133.41
contribution

C. Full Name (Last, First, Middle Initial)
Ms Monica Hensler
Mailing Address 3414 Princess Street
City State Zip Code
Edinburg TX 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Transaction ID: SA11AI.10171
Amount of Each Receipt this Period 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 318.50
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 21 / 2009
Transaction ID: SA11AI.10320
Amount of Each Receipt this Period: 25.00 contribution

B. Full Name (Last, First, Middle Initial)
Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.10515
Amount of Each Receipt this Period: 25.00 contribution

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

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.10173
Amount of Each Receipt this Period: 250.00 contribution

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 21 / 2009
Transaction ID: SA11AI.10362
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.10517
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.10174
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10420

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10518

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10159

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.10419

Amount of Each Receipt this Period 250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.10504

Amount of Each Receipt this Period 250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.10175

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 21 / 2009
Transaction ID: SA11AI.10416
 Amount of Each Receipt this Period: 250.00
 contribution

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.10519
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Donna Joule

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.10521
 Amount of Each Receipt this Period: 25.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 525.00

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input 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 | PAGE 74 / 157 |
|---|--|---------------|

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | | |
|---|---|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Gauri Kanhere | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 2548 Palm Circle | | Transaction ID: SA11AI.10178 |
| | City rio grande city | State TX | Zip Code 78582 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer selfemployed Occupation physician | | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1750.00 | |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Gauri Kanhere | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 2548 Palm Circle | | Transaction ID: SA11AI.10414 |
| | City rio grande city | State TX | Zip Code 78582 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer selfemployed Occupation physician | | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2000.00 | |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Gauri Kanhere | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 2548 Palm Circle | | Transaction ID: SA11AI.10522 |
| | City rio grande city | State TX | Zip Code 78582 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer selfemployed Occupation physician | | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
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 / 17 / 2009

Transaction ID: SA11AI.10180

Amount of Each Receipt this Period

250.00

contribution

B.

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
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 / 21 / 2009

Transaction ID: SA11AI.10413

Amount of Each Receipt this Period

250.00

contribution

C.

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
selfemployed 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 / 17 / 2009

Transaction ID: SA11AI.10524

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 157

(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)
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
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 / 17 / 2009

Transaction ID: SA11AI.10181

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
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 / 21 / 2009

Transaction ID: SA11AI.10412

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
selfemployed 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 / 17 / 2009

Transaction ID: SA11AI.10525

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Alejandro Kudisch</p> <p>Mailing Address 323 Nightingale</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physcian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10182</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Alejandro Kudisch</p> <p>Mailing Address 323 Nightingale</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physcian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10411</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Alejandro Kudisch</p> <p>Mailing Address 323 Nightingale</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physcian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10526</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 78 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jorge Kutugata
Mailing Address Rt 2 Box 522-K
City weslaco State TX Zip Code 78596
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10183
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Jorge Kutugata
Mailing Address Rt 2 Box 522-K
City weslaco State TX Zip Code 78596
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10410
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Jorge Kutugata
Mailing Address Rt 2 Box 522-K
City weslaco State TX Zip Code 78596
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10527
Amount of Each Receipt this Period 250.00
contribution

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

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

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

FOR LINE NUMBER: PAGE 79 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Ramiro Leal</p> <p>Mailing Address 601 Tulip</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10184</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Ramiro Leal</p> <p>Mailing Address 601 Tulip</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10409</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Ramiro Leal</p> <p>Mailing Address 601 Tulip</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10528</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 80 / 157 |
| | (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 |

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | | |
|---|--|------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Dale Linebarger | | Date of Receipt |
| | Mailing Address 901 West 9th Street #405 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2009 |
| | City | State | Zip Code |
| | austin | TX | 78703 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10185 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | private investor | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 1750.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Dale Linebarger | | Date of Receipt |
| | Mailing Address 901 West 9th Street #405 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009 |
| | City | State | Zip Code |
| | austin | TX | 78703 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10408 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | private investor | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 2000.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Dale Linebarger | | Date of Receipt |
| | Mailing Address 901 West 9th Street #405 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2009 |
| | City | State | Zip Code |
| | austin | TX | 78703 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10529 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | private investor | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 2250.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

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

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

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

FOR LINE NUMBER: PAGE 81 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria
Mailing Address 32243 Road 83
City San Benito State TX Zip Code 78586
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10186
Amount of Each Receipt this Period 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria
Mailing Address 32243 Road 83
City San Benito State TX Zip Code 78586
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10319
Amount of Each Receipt this Period 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria
Mailing Address 32243 Road 83
City San Benito State TX Zip Code 78586
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10530
Amount of Each Receipt this Period 50.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 157

(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)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 |
|---|-------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10187

Amount of Each Receipt this Period

250.00

contribution

B.

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 |
|---|-------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10407

Amount of Each Receipt this Period

250.00

contribution

C.

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 |
|---|-------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10531

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1438.88

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.10188

Amount of Each Receipt this Period 250.00

contribution

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

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1688.88

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.10406

Amount of Each Receipt this Period 250.00

contribution

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

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1938.88

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.10532

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 157
(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)
Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10190

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10405

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10534

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10191</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10404</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10535</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 157

(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)
Guillermo Marquez

Mailing Address 1702 Trinity Road

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 Y
07 17 2009

Transaction ID: SA11AI.10192

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 1702 Trinity Road

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 Y
08 21 2009

Transaction ID: SA11AI.10332

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 1702 Trinity Road

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 ▼
2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10536

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 / 157 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Agustin Martinez | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 7603 N. 2nd Lane | Transaction ID: SA11AI.10193 |
| | City State Zip Code mcallen TX 78504 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Agustin Martinez | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 7603 N. 2nd Lane | Transaction ID: SA11AI.10430 |
| | City State Zip Code mcallen TX 78504 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Agustin Martinez | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 7603 N. 2nd Lane | Transaction ID: SA11AI.10537 |
| | City State Zip Code mcallen TX 78504 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 88 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10194

Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10429

Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10538

Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input 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 | PAGE 89 / 157 |
|---|--|---------------|

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | | |
|---|---|------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Santos Martinez | | Date of Receipt |
| | Mailing Address 125 East Yucca | | <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 07 / 17 / 2009 |
| | City | State | Zip Code |
| | mcallen | TX | 78504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10195 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | private investor | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 1750.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Santos Martinez | | Date of Receipt |
| | Mailing Address 125 East Yucca | | <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 08 / 21 / 2009 |
| | City | State | Zip Code |
| | mcallen | TX | 78504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10403 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | private investor | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 2000.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Santos Martinez | | Date of Receipt |
| | Mailing Address 125 East Yucca | | <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 09 / 17 / 2009 |
| | City | State | Zip Code |
| | mcallen | TX | 78504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.10539 |
| Name of Employer self-employed | | Occupation | Amount of Each Receipt this Period |
| self-employed | | private investor | <input type="text"/> 250.00 |
| Receipt For: | | Aggregate Year-to-Date ▼ | contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text"/> 2250.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 157

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

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 ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2009

Transaction ID: SA11AI.10197

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

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 ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
08 21 2009

Transaction ID: SA11AI.10402

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10541

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 157

(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)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10198

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10401

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10543

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10201

Amount of Each Receipt this Period
250.00

contribution

B.

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

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10400

Amount of Each Receipt this Period
250.00

contribution

C.

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

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10544

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Carlos Mohamed
 Mailing Address 5408 N. Cynthia
 City 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 07 / 17 / 2009
Transaction ID: SA11AI.10202
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.
 Mailing Address 2821 Michael Angelo
 City State Zip Code
Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00
 Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10203
 Amount of Each Receipt this Period 100.00
 contribution

C. Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.
 Mailing Address 2821 Michael Angelo
 City State Zip Code
Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00
 Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10356
 Amount of Each Receipt this Period 100.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.10399

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10545

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

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) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.10546

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10204

Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10396

Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10547

Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 157
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Leonel Moreno | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 1608 Woods Drive | | Transaction ID: SA11AI.10205 |
| City mission | State TX | Zip Code 78572 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Leonel Moreno | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 1608 Woods Drive | | Transaction ID: SA11AI.10395 |
| City mission | State TX | Zip Code 78572 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Leonel Moreno | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 1608 Woods Drive | | Transaction ID: SA11AI.10548 |
| City mission | State TX | Zip Code 78572 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Lauren Naylor</p> <p>Mailing Address 3020 Melinda Drive</p> <p>City State Zip Code <u>Edinburg TX 78539</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10206</p> <p>Amount of Each Receipt this Period 50.00</p> <p>contribution</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Lauren Naylor</p> <p>Mailing Address 3020 Melinda Drive</p> <p>City State Zip Code <u>Edinburg TX 78539</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10325</p> <p>Amount of Each Receipt this Period 50.00</p> <p>contribution</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Lauren Naylor</p> <p>Mailing Address 3020 Melinda Drive</p> <p>City State Zip Code <u>Edinburg TX 78539</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10549</p> <p>Amount of Each Receipt this Period 50.00</p> <p>contribution</p> |
|---|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 150.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 98 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10207

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10299

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10552

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 600 Tulip

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: 07 / 17 / 2009
Transaction ID: SA11AI.10210
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 600 Tulip

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: 08 / 21 / 2009
Transaction ID: SA11AI.10394
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 600 Tulip

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: 09 / 17 / 2009
Transaction ID: SA11AI.10553
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 / 157 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Fernando Otero | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 121 E. Quamasia #148 | Transaction ID: SA11AI.10211 |
| | City mcallen State TX Zip Code 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Fernando Otero | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 121 E. Quamasia #148 | Transaction ID: SA11AI.10393 |
| | City mcallen State TX Zip Code 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Fernando Otero | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| | Mailing Address 121 E. Quamasia #148 | Transaction ID: SA11AI.10554 |
| | City mcallen State TX Zip Code 78501 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Kip Owen
 Mailing Address 2305 Red River
 City State Zip Code
 mcallen TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00
 Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10212
 Amount of Each Receipt this Period 75.00
 contribution

B. Full Name (Last, First, Middle Initial)
Kip Owen
 Mailing Address 2305 Red River
 City State Zip Code
 mcallen TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10391
 Amount of Each Receipt this Period 75.00
 contribution

C. Full Name (Last, First, Middle Initial)
Kip Owen
 Mailing Address 2305 Red River
 City State Zip Code
 mcallen TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00
 Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10555
 Amount of Each Receipt this Period 75.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 225.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 102 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Esteban Palacios, Jr.
Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10213

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Esteban Palacios, Jr.
Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10318

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Esteban Palacios, Jr.
Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10556

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 103 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10216

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10371

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10557

Amount of Each Receipt this Period
250.00

contribution

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

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 104 / 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10215

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10317

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10558

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 105 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Eduardo Peguero
Mailing Address P.O.Box 5959
City 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 ▼ 1050.00
Date of Receipt M M / D D / Y Y Y Y Y
07 / 17 / 2009
Transaction ID: SA11AI.10217
Amount of Each Receipt this Period
150.00
contribution

B. Full Name (Last, First, Middle Initial)
Eduardo Peguero
Mailing Address P.O.Box 5959
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 ▼ 1200.00
Date of Receipt M M / D D / Y Y Y Y Y
08 / 21 / 2009
Transaction ID: SA11AI.10355
Amount of Each Receipt this Period
150.00
contribution

C. Full Name (Last, First, Middle Initial)
Eduardo Peguero
Mailing Address P.O.Box 5959
City 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 ▼ 1350.00
Date of Receipt M M / D D / Y Y Y Y Y
09 / 17 / 2009
Transaction ID: SA11AI.10559
Amount of Each Receipt this Period
150.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 106 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose 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: MM / DD / YYYY 07 / 17 / 2009
Transaction ID: SA11AI.10220
 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 ▼ 2000.00
 Date of Receipt: MM / DD / YYYY 08 / 21 / 2009
Transaction ID: SA11AI.10389
 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 ▼ 2250.00
 Date of Receipt: MM / DD / YYYY 09 / 17 / 2009
Transaction ID: SA11AI.10560
 Amount of Each Receipt this Period 250.00
 contribution

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Juan Pena
 Mailing Address 905 S. Huisache Court
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10221
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Juan Pena
 Mailing Address 905 S. Huisache Court
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10388
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Juan Pena
 Mailing Address 905 S. Huisache Court
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10561
 Amount of Each Receipt this Period 250.00
 contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 835.27

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10222

Amount of Each Receipt this Period
118.46

contribution

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

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 953.73

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10266

Amount of Each Receipt this Period
118.46

contribution

C. 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 ▼ 1052.45

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10562

Amount of Each Receipt this Period
98.72

contribution

SUBTOTAL of Receipts This Page (optional) ► **335.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 157

(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)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1702.19

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10223

Amount of Each Receipt this Period

241.17

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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1943.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10376

Amount of Each Receipt this Period

241.17

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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2144.33

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10563

Amount of Each Receipt this Period

200.97

contribution

SUBTOTAL of Receipts This Page (optional)

683.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10225

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10434

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10565

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.10226
 Amount of Each Receipt this Period: 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 21 / 2009
Transaction ID: SA11AI.10435
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.10566
 Amount of Each Receipt this Period: 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physicaian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10227

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physicaian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10431

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physicaian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10567

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 113 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10229

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10315

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10570

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
R.V. Reddy
Mailing Address 1500 Southland Drive
City weslaco State TX Zip Code 78596
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1625.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10231
Amount of Each Receipt this Period 125.00
contribution

B. Full Name (Last, First, Middle Initial)
R.V. Reddy
Mailing Address 1500 Southland Drive
City weslaco State TX Zip Code 78596
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10387
Amount of Each Receipt this Period 125.00
contribution

C. Full Name (Last, First, Middle Initial)
R.V. Reddy
Mailing Address 1500 Southland Drive
City weslaco State TX Zip Code 78596
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1875.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10572
Amount of Each Receipt this Period 125.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 375.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) William Restrepo</p> <p>Mailing Address 1117 S. Cynthia</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10232</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) William Restrepo</p> <p>Mailing Address 1117 S. Cynthia</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10386</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) William Restrepo</p> <p>Mailing Address 1117 S. Cynthia</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10573</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 116 / 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10234

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10385

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10575

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 117 / 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
selfemployed physcian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10235

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physcian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10384

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physcian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10576

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10236

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10313

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10577

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 119 / 157
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10237

Amount of Each Receipt this Period
125.00

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10383

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 ▼ 1125.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10578

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 157
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Javier Saenz | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 2308 Monaco Drive | | Transaction ID: SA11AI.10238 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Javier Saenz | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 2308 Monaco Drive | | Transaction ID: SA11AI.10381 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Javier Saenz | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 2308 Monaco Drive | | Transaction ID: SA11AI.10579 |
| City mission | State TX | Zip Code 78574 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10239

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10382

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10580

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.10240

Amount of Each Receipt this Period contribution 250.00

B. Full Name (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.10380

Amount of Each Receipt this Period contribution 250.00

C. Full Name (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City mcallen State TX Zip Code 78503

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.10581

Amount of Each Receipt this Period contribution 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 157

(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
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 Y
07 / 17 / 2009

Transaction ID: SA11AI.10241

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
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 Y
08 / 21 / 2009

Transaction ID: SA11AI.10328

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed 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 / 17 / 2009

Transaction ID: SA11AI.10582

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 124 / 157
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Elisa Garza Sanchez</p> <p>Mailing Address 3509 N. Glasscock</p> <p>City State Zip Code Mission TX 78574</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self employed Occupation Self employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 875.00</p> | <p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: SA11AI.10243</p> <p>Amount of Each Receipt this Period 125.00</p> <p>contribution</p> |
|--|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Elisa Garza Sanchez</p> <p>Mailing Address 3509 N. Glasscock</p> <p>City State Zip Code Mission TX 78574</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self employed Occupation Self employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p> | <p>Date of Receipt 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.10346</p> <p>Amount of Each Receipt this Period 125.00</p> <p>contribution</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Elisa Garza Sanchez</p> <p>Mailing Address 3509 N. Glasscock</p> <p>City State Zip Code Mission TX 78574</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self employed Occupation Self employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1125.00</p> | <p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.10583</p> <p>Amount of Each Receipt this Period 125.00</p> <p>contribution</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 375.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 / 157 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Luis San Miguel | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address 1912 Fair Oak | Transaction ID: SA11AI.10242 |
| | City Mission State TX Zip Code 78574 | Amount of Each Receipt this Period 219.06 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer Self employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1660.74 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Luis San Miguel | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 1912 Fair Oak | Transaction ID: SA11AI.10347 |
| | City Mission State TX Zip Code 78574 | Amount of Each Receipt this Period 219.06 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer Self employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1879.80 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) John Sharp | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| | Mailing Address P. O.Box 236 | Transaction ID: SA11AI.10244 |
| | City austin State TX Zip Code 78767 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1750.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 688.12 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 157
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
John Sharp

Mailing Address P. O.Box 236

City State Zip Code
austin TX 78767

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10379

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
John Sharp

Mailing Address P. O.Box 236

City State Zip Code
austin TX 78767

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10584

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10245

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 127 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼
2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10378

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10585

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼
350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10246

Amount of Each Receipt this Period
50.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 128 / 157

(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)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
08 21 2009

Transaction ID: SA11AI.10377

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10586

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Hilda Solis

Mailing Address P.O.Box 3302

City 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 ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
09 17 2009

Transaction ID: SA11AI.10588

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Joel Solis
Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1131.83

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10248

Amount of Each Receipt this Period
147.12

contribution

B. Full Name (Last, First, Middle Initial)
Joel Solis
Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1278.95

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10360

Amount of Each Receipt this Period
147.12

contribution

C. Full Name (Last, First, Middle Initial)
Joel Solis
Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1401.55

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10590

Amount of Each Receipt this Period
122.60

contribution

SUBTOTAL of Receipts This Page (optional) ► **416.84**

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

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

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

FOR LINE NUMBER: PAGE 130 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alejandro Tey
Mailing Address 3012 Laurie Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10249
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Alejandro Tey
Mailing Address 3012 Laurie Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10432
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Tey
Mailing Address 3012 Laurie Lane
City Edinburg State TX Zip Code 78539
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10591
Amount of Each Receipt this Period 250.00
contribution

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

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

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

FOR LINE NUMBER: PAGE 131 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Trejo
Mailing Address 112 S. Broadway
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10250
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Jose Trejo
Mailing Address 112 S. Broadway
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10375
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Jose Trejo
Mailing Address 112 S. Broadway
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10592
Amount of Each Receipt this Period 250.00
contribution

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

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

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

FOR LINE NUMBER: PAGE 132 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Susan Turley
 Mailing Address 312 Thunderbird
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
self-employed physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt M M / D D / Y Y Y Y Y
07 / 17 / 2009
Transaction ID: SA11AI.10251
 Amount of Each Receipt this Period
250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Susan Turley
 Mailing Address 312 Thunderbird
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
self-employed physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt M M / D D / Y Y Y Y Y
08 / 21 / 2009
Transaction ID: SA11AI.10374
 Amount of Each Receipt this Period
250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Susan Turley
 Mailing Address 312 Thunderbird
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
self-employed physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt M M / D D / Y Y Y Y Y
09 / 17 / 2009
Transaction ID: SA11AI.10593
 Amount of Each Receipt this Period
250.00
 contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.10252
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.10373
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.10594
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 134 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Lourdes Uribe
Mailing Address 801 E. Nolana
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 ▼ 525.00
Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Transaction ID: SA11AI.10253
Amount of Each Receipt this Period 75.00
contribution

B. Full Name (Last, First, Middle Initial)
Lourdes Uribe
Mailing Address 801 E. Nolana
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 ▼ 600.00
Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Transaction ID: SA11AI.10354
Amount of Each Receipt this Period 75.00
contribution

C. Full Name (Last, First, Middle Initial)
Jose Vasquez
Mailing Address 2548 Palm Circle
City State Zip Code
rio grande city TX 78582
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Transaction ID: SA11AI.10179
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 400.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 135 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt MM / DD / YYYY
 08 / 21 / 2009
Transaction ID: SA11AI.10361
 Amount of Each Receipt this Period
 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt MM / DD / YYYY
 09 / 17 / 2009
Transaction ID: SA11AI.10523
 Amount of Each Receipt this Period
 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Dr. Efraim Vela
 Mailing Address 100 E. Ridge Road #B
 City 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 ▼ 1500.00
 Date of Receipt MM / DD / YYYY
 07 / 17 / 2009
Transaction ID: SA11AI.10254
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

FOR LINE NUMBER: PAGE 136 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10312

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10595

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10255

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 137 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10311

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10596

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City State Zip Code
Raymondville TX 78580

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10256

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City Raymondville State TX Zip Code 78580

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY 08 / 21 / 2009

Transaction ID: SA11AI.10310

Amount of Each Receipt this Period 50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City Raymondville State TX Zip Code 78580

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY 09 / 17 / 2009

Transaction ID: SA11AI.10597

Amount of Each Receipt this Period 50.00

contribution

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

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt MM / DD / YYYY 07 / 17 / 2009

Transaction ID: SA11AI.10257

Amount of Each Receipt this Period 125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 157
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Carlos Villalta | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address P. O. Box 1632 | | Transaction ID: SA11AI.10372 |
| City mission | State TX | Zip Code 78573 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Carlos Villalta | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address P. O. Box 1632 | | Transaction ID: SA11AI.10598 |
| City mission | State TX | Zip Code 78573 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1125.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Rita Villanueva | | Date of Receipt MM / DD / YYYY 07 / 17 / 2009 |
| Mailing Address 801 E. Nolana Suite 4 | | Transaction ID: SA11AI.10258 |
| City mcallen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 147.50 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1236.91 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 397.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 157
(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)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1384.41

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10370

Amount of Each Receipt this Period

147.50

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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1507.32

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10599

Amount of Each Receipt this Period

122.91

contribution

C.

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

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1011.22

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10259

Amount of Each Receipt this Period

120.58

contribution

SUBTOTAL of Receipts This Page (optional)

390.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1131.80

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10369

Amount of Each Receipt this Period
120.58

contribution

B. Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1232.29

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10600

Amount of Each Receipt this Period
100.49

contribution

C. Full Name (Last, First, Middle Initial)
Roger Vitko

Mailing Address 1017 south 1st

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10260

Amount of Each Receipt this Period
150.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **371.07**

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

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

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

FOR LINE NUMBER: PAGE 142 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Roger Vitko

Mailing Address 1017 south 1st

City 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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10327

Amount of Each Receipt this Period
150.00

contribution

B. Full Name (Last, First, Middle Initial)
Roger Vitko

Mailing Address 1017 south 1st

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 ▼ 1350.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10601

Amount of Each Receipt this Period
150.00

contribution

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

Mailing Address 1117 Shallow apt 4

City State Zip Code
mcallen TX 78504

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
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10261

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

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

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

FOR LINE NUMBER: PAGE 143 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 21 / 2009

Transaction ID: SA11AI.10368

Amount of Each Receipt this Period 250.00

contribution

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

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.10602

Amount of Each Receipt this Period 250.00

contribution

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

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1023.01

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.10262

Amount of Each Receipt this Period 133.28

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **633.28**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 157
(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)
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 ▼ 1156.29

Date of Receipt M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: SA11AI.10367

Amount of Each Receipt this Period
133.28

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 ▼ 1267.36

Date of Receipt M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.10603

Amount of Each Receipt this Period
111.07

contribution

C.

Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.10263

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **344.35**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 157
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10366

Amount of Each Receipt this Period
100.00

contribution

B.

Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10604

Amount of Each Receipt this Period
100.00

contribution

C.

Full Name (Last, First, Middle Initial)
Subbarao Yarra

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.10264

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 157
(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) Subbarao Yarra | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| Mailing Address 6905 N. Cynthia | | Transaction ID: SA11AI.10364 |
| City McAllen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Self-employed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Subbarao Yarra | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 6905 N. Cynthia | | Transaction ID: SA11AI.10605 |
| City McAllen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Self-employed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski | | Date of Receipt MM / DD / YYYY 09 / 17 / 2009 |
| Mailing Address 6804 N. 1st | | Transaction ID: SA11AI.10608 |
| City mcallen | State TX | Zip Code 78504 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer selfemployed | Occupation physician | contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 350.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 157
(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 selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.10265

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.10365

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.10606

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) ▶ **84404.45**

**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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AC Rentals | Transaction ID: SB21B.10655 |
| | Mailing Address PO Box 2673 | Date of Disbursement 08 / 13 / 2009 |
| | City McAllen State TX Zip Code 78502 | Amount of Each Disbursement this Period 1050.00 |
| | Purpose of Disbursement office renovation Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) AC Rentals | Transaction ID: SB21B.10656 |
| | Mailing Address PO Box 2673 | Date of Disbursement 08 / 13 / 2009 |
| | City McAllen State TX Zip Code 78502 | Amount of Each Disbursement this Period 1050.00 |
| | Purpose of Disbursement office lease expenditure Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Congressional Quarterly | Transaction ID: SB21B.10638 |
| | Mailing Address 1255 22nd Street NW | Date of Disbursement 07 / 02 / 2009 |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period 2000.00 |
| | Purpose of Disbursement subscription services Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4100.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Education Service Center Region I of Texas

Mailing Address 1900 W. Schunior

City Edinburg, State TX Zip Code 78539

Purpose of Disbursement
donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.10660

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

37500.00

B.

Full Name (Last, First, Middle Initial)
Executive Transportation

Mailing Address 1050 N. Sugar Road

City Pharr State TX Zip Code 78577

Purpose of Disbursement
membership solicitation expenditure

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.10651

Date of Disbursement

08 / 19 / 2009

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional) ▶

38800.00

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

42900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 157

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATER AMERICA | Transaction ID: SB23.10648 Date of Disbursement |
| | Mailing Address 607 14th Street, NW, Suite 800 | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| | City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement contribution | <input type="text" value="1000.00"/> |
| | Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) JOE LINUS BARTON | Transaction ID: SB23.10644 Date of Disbursement |
| | Mailing Address 701 Williamsburg | <input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City Ennis State TX Zip Code 75119 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement contribution | <input type="text" value="5000.00"/> |
| | Candidate Name JOE LINUS BARTON | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: TX District: 06 | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) JOE LINUS BARTON | Transaction ID: SB23.10645 Date of Disbursement |
| | Mailing Address 701 Williamsburg | <input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
| | City Ennis State TX Zip Code 75119 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement contribution | <input type="text" value="5000.00"/> |
| | Candidate Name JOE LINUS BARTON | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: TX District: 06 | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="11000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 151 / 157

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p>A. Full Name (Last, First, Middle Initial) KEVIN BRADY</p> <p>Mailing Address P.O. Box 8277</p> <p>City The Woodlands State TX Zip Code 77387</p> <p>Purpose of Disbursement contribution 011 Category/Type</p> <p>Candidate Name KEVIN BRADY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 08</p> | <p>Transaction ID: SB23.10653 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 7 | | 2 | 0 | 0 | 9 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 8 | | 0 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) KEVIN BRADY</p> <p>Mailing Address P.O. Box 8277</p> <p>City The Woodlands State TX Zip Code 77387</p> <p>Purpose of Disbursement contribution 011 Category/Type</p> <p>Candidate Name KEVIN BRADY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 08</p> | <p>Transaction ID: SB23.10654 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 0 | 7 | | 2 | 0 | 0 | 9 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 8 | | 0 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) CAMPAIGN FOR CHANGE</p> <p>Mailing Address 202 Bonham Rd</p> <p>City Dedham State MA Zip Code 02026</p> <p>Purpose of Disbursement contribution 011 Category/Type</p> <p>Candidate Name CAMPAIGN FOR CHANGE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: SB23.10632 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 0 | 3 | | 2 | 0 | 0 | 9 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 7 | | 0 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN | Transaction ID: SB23.10641 Date of Disbursement |
| | Mailing Address PO Box 12612 | <input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City San Antonio State TX Zip Code 78212 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement contribution | <input type="text" value="5000.00"/> |
| | Candidate Name CHARLES A. GONZALEZ | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN | Transaction ID: SB23.10642 Date of Disbursement |
| | Mailing Address PO Box 12612 | <input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City San Antonio State TX Zip Code 78212 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement contribution | <input type="text" value="5000.00"/> |
| | Candidate Name CHARLES A. GONZALEZ | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) John Cornyn | Transaction ID: SB23.10652 Date of Disbursement |
| | Mailing Address 517 Hart Senate Office Building | <input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Washington State DC Zip Code 20510 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement contribution | <input type="text" value="5000.00"/> |
| | Candidate Name John Cornyn | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="15000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) HENRY R CUELLAR | Transaction ID: SB23.10657 Date of Disbursement 09 / 02 / 2009 |
| | Mailing Address 1519 Washington Street 2nd Floor Suite 200 | Amount of Each Disbursement this Period 5000.00 |
| | City LAREDO State TX Zip Code 78042 | |
| | Purpose of Disbursement contribution Candidate Name HENRY R CUELLAR | 011 Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS | Transaction ID: SB23.10630 Date of Disbursement 07 / 14 / 2009 |
| | Mailing Address PO Box 5843 | Amount of Each Disbursement this Period 5000.00 |
| | City Austin State TX Zip Code 78763 | |
| | Purpose of Disbursement contribution Candidate Name LLOYD DOGGETT | 011 Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS | Transaction ID: SB23.10631 Date of Disbursement 07 / 20 / 2009 |
| | Mailing Address 462 California Road | Amount of Each Disbursement this Period 5000.00 |
| | City Bronxville State NY Zip Code 10708 | |
| | Purpose of Disbursement contribution Candidate Name ELIOT L. REP. ENGEL | 011 Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 15000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. GENE GREEN CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name RAYMOND E. 'GENE' GREEN

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: TX District: 29

Transaction ID: SB23.10639
Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

5000.00

B. GENE GREEN CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name RAYMOND E. 'GENE' GREEN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 29

Transaction ID: SB23.10640
Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

5000.00

C. SOLOMON P ORTIZ

Full Name (Last, First, Middle Initial)

SOLOMON P ORTIZ

Mailing Address 4514 CARLOW

City CORPUS CHRISTI State TX Zip Code 78467

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name SOLOMON P ORTIZ

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: TX District: 27

Transaction ID: SB23.10646
Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 157

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) SOLOMON P ORTIZ | Transaction ID: SB23.10647 Date of Disbursement 07 / 22 / 2009 |
| | Mailing Address 4514 CARLOW | |
| | City CORPUS CHRISTI State TX Zip Code 78467 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement contribution Candidate Name SOLOMON P ORTIZ | 011 Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ARLEN SPECTER | Transaction ID: SB23.10658 Date of Disbursement 09 / 21 / 2009 |
| | Mailing Address 444 NORTH CAPITOL ST NW SUITE 517A | |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement contribution Candidate Name ARLEN SPECTER | 011 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ARLEN SPECTER | Transaction ID: SB23.10659 Date of Disbursement 09 / 21 / 2009 |
| | Mailing Address 444 NORTH CAPITOL ST NW SUITE 517A | |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement contribution Candidate Name ARLEN SPECTER | 011 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

15000.00

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

86000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 156 / 157 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals | Nature of Debt (Purpose): rental space |
| Mailing Address PO Box 2673 | |
| City State ZIP Code McAllen TX 78502 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 900.00 | Transaction ID: SD10.9553 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 900.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals | Nature of Debt (Purpose): rental space |
| Mailing Address PO Box 2673 | |
| City State ZIP Code McAllen TX 78502 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 900.00 | Transaction ID: SD10.10053 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 900.00 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1800.00 |
| 2) TOTALS This Period (last page this line number only)..... | 1800.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 1800.00 |

A. Form/Schedule : **SD10**
Transaction ID : **SD10.9553**

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

B. Form/Schedule : **SD10**
Transaction ID : **SD10.10053**

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