

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street)

612 W. Nolana Suite 340

Check if different
than previously
reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00415752

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Perez, Ernie, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Perez, Ernie, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		340544.04
(b) Cash on Hand at Beginning of Reporting Period.....	175181.02	
(c) Total Receipts (from Line 19)	188957.74	474203.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	364138.76	814747.90
7. Total Disbursements (from Line 31)	108772.92	559382.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	255365.84	255365.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

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).....

183609.88

424548.54

(ii) Unitemized

5347.86

44655.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

188957.74

469203.86

(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)

188957.74

469203.86

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 Transfers (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))

188957.74

474203.86

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

188957.74

474203.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	38772.92	104382.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38772.92	104382.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	455000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	108772.92	559382.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	108772.92	559382.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	188957.74	469203.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	188957.74	469203.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38772.92	104382.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	38772.92	104382.06

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

modified description from contract labor to contract services - salary expenditure for clarification.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abdeen, Ziad, , Dr.,

Mailing Address 809-A Savannah #3

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34951

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abdeen, Ziad, , Dr.,

Mailing Address 809-A Savannah #3

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35301

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abdeen, Ziad, , Dr.,

Mailing Address 809-A Savannah #3

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35657

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

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

375.00

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

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

FOR LINE NUMBER: PAGE 8 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abdeen, Ziad, , Dr.,

Mailing Address 809-A Savannah #3

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36007

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aboujamous, Riad, , Mr.,

Mailing Address 1217 Fullerton

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35658

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aboujamous, Riad, , Mr.,

Mailing Address 1217 Fullerton

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36008

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abreu, Charity, , ,

Mailing Address 1619 heritage lane

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.34953

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abreu, Charity, , ,

Mailing Address 1619 heritage lane

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35303

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abreu, Charity, , ,

Mailing Address 1619 heritage lane

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35659

Amount of Each Receipt this Period

250.00

☐ Memo Item
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)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abreu, Charity, , ,

Mailing Address 1619 heritage lane

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36009

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abreu, Ricardo, , ,

Mailing Address 200

E. Xenops

City

McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34954

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abreu, Ricardo, , ,

Mailing Address 200

E. Xenops

City

McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35304

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

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

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

550.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abreu, Ricardo, , ,

Mailing Address 200

E. Xenops

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11AI.35660

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abreu, Ricardo, , ,

Mailing Address 200

E. Xenops

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.36010

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abreu, Ruben, , ,

Mailing Address 104 augusta square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employee

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 07 / 2016

Transaction ID : SA11AI.34955

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 12 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abreu, Ruben, , ,

Mailing Address 104 augusta square

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35305

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abreu, Ruben, , ,

Mailing Address 104 augusta square

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35661

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abreu, Ruben, , ,

Mailing Address 104 augusta square

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36011

Amount of Each Receipt this Period

250.00

☐ Memo Item
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 13 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aguilera, Juan, , ,

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34956

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aguilera, Juan, , ,

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35306

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aguilera, Juan, , ,

Mailing Address 807 North Cage

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35662

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aguilera, Juan, , ,

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36012

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alizy, Sahar, , Ms,

Mailing Address 1609 Martin

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35673

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alizy, Sahar, , Ms,

Mailing Address 1609 Martin

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36014

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alleyn, Michael, , ,

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34959

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alleyn, Michael, , ,

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35309

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alleyn, Michael, , ,

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35672

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alleyn, Michael, , ,

Mailing Address 5505 N. 4th

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36015

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alleyn, Robert, , Dr.,

Mailing Address 8330 North Shary Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34960

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alleyn, Robert, , Dr.,

Mailing Address 8330 North Shary Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35310

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alleyn, Robert, , Dr.,

Mailing Address 8330 North Shary Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35671

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alleyn, Robert, , Dr.,

Mailing Address 8330 North Shary Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36016

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Almedia, Hillary, , Dr.,

Mailing Address 900 E. Vermont

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

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34961

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

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

875.00

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

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Almedia, Hillary, , Dr.,

Mailing Address 900 E. Vermont

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35311

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Almedia, Hillary, , Dr.,

Mailing Address 900 E. Vermont

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35670

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Almedia, Hillary, , Dr.,

Mailing Address 900 E. Vermont

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36017

Amount of Each Receipt this Period

75.00

☐ Memo Item
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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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 386

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ambriz, Alex, , Ms,

Mailing Address 15253 Heather

City
HarlingenState
TXZip Code
78552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35669

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ambriz, Alex, , Ms,

Mailing Address 15253 Heather

City
HarlingenState
TXZip Code
78552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36018

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Amyx, Michael, , ,

Mailing Address 2108 Mynah

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34963

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Amyx, Michael, , ,

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35313

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Amyx, Michael, , ,

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35668

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Amyx, Michael, , ,

Mailing Address 2108 Mynah

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36019

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Apolinario, Jumar, B., Dr.,

Mailing Address 2805 Santa Erica

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34964

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Apolinario, Jumar, B., Dr.,

Mailing Address 2805 Santa Erica

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35314

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Apolinario, Jumar, B., Dr.,

Mailing Address 2805 Santa Erica

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35667

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

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(check only one)

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Apolinario, Jumar, B., Dr.,

Mailing Address 2805 Santa Erica

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36020

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aquino, Edwardo, , Dr.,

Mailing Address 112 E. Xenops

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34965

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aquino, Edwardo, , Dr.,

Mailing Address 112 E. Xenops

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35315

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

200.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 23 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aquino, Edwardo, , Dr.,

Mailing Address 112 E. Xenops

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35666

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aquino, Edwardo, , Dr.,

Mailing Address 112 E. Xenops

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36021

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Arce, Daisy, , ,

Mailing Address 129 Bluebird

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34966

Amount of Each Receipt this Period

50.00

☐ Memo Item
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 24 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arce, Daisy, , ,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35316

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arce, Daisy, , ,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35665

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Arce, Daisy, , ,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36022

Amount of Each Receipt this Period

50.00

☐ Memo Item
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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arias-Viaud, Julio, , Dr.,

Mailing Address 2600 Santa Paula

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34968

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arias-Viaud, Julio, , Dr.,

Mailing Address 2600 Santa Paula

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35318

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Arias-Viaud, Julio, , Dr.,

Mailing Address 2600 Santa Paula

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35674

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arias-Viaud, Julio, , Dr.,

Mailing Address 2600 Santa Paula

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36024

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arrazola, Pedro, , Dr.,

Mailing Address 5114 N. 10th Street

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34969

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Arrazola, Pedro, , Dr.,

Mailing Address 5114 N. 10th Street

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35319

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arrazola, Pedro, , Dr.,

Mailing Address 5114 N. 10th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35675

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arrazola, Pedro, , Dr.,

Mailing Address 5114 N. 10th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36025

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Asase, Danilo, , Dr.,

Mailing Address 5216 Kensington Lane

City
Brownsville

State
TX

Zip Code
78526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34970

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Asase, Danilo, , Dr.,

Mailing Address 5216 Kensington Lane

City
BrownsvilleState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35320

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Asase, Danilo, , Dr.,

Mailing Address 5216 Kensington Lane

City
BrownsvilleState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35676

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Asase, Danilo, , Dr.,

Mailing Address 5216 Kensington Lane

City
BrownsvilleState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36026

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Assistores, Marilyn, , Dr.,

Mailing Address 2222 La Condesa Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34971

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Assistores, Marilyn, , Dr.,

Mailing Address 2222 La Condesa Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35321

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Assistores, Marilyn, , Dr.,

Mailing Address 2222 La Condesa Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35677

Amount of Each Receipt this Period

75.00

☐ Memo Item
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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Detailed Summary Page

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Assistores, Marilyn, , Dr.,

Mailing Address 2222 La Condesa Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36027

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aude, Wady Aude, , Dr.,

Mailing Address 1001 E. Fern #E

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35678

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aude, Wady Aude, , Dr.,

Mailing Address 1001 E. Fern #E

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11Al.36028

Amount of Each Receipt this Period

25.00

☐ Memo Item
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)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Avila, Felipe, , Dr.,

Mailing Address 104 W. 20th Street

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34973

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Avila, Felipe, , Dr.,

Mailing Address 104 W. 20th Street

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35323

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Avila, Felipe, , Dr.,

Mailing Address 104 W. 20th Street

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35679

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

1200.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Avila, Felipe, , Dr.,

Mailing Address 104 W. 20th Street

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36029

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aviles, Wilfredo, , Dr.,

Mailing Address 2600 Wildwood

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34974

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aviles, Wilfredo, , Dr.,

Mailing Address 2600 Wildwood

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35324

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aviles, Wilfredo, , Dr.,

Mailing Address 2600 Wildwood

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11AI.35680

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aviles, Wilfredo, , Dr.,

Mailing Address 2600 Wildwood

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.36030

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ayers, Roberto, A., Dr.,

Mailing Address 1900 S. Jackson #7

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 07 / 2016

Transaction ID : SA11AI.34975

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 34 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ayers, Roberto, A., Dr.,

Mailing Address 1900 S. Jackson #7

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35325

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ayers, Roberto, A., Dr.,

Mailing Address 1900 S. Jackson #7

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35681

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ayers, Roberto, A., Dr.,

Mailing Address 1900 S. Jackson #7

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36031

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Badiga, Murphy, , ,

Mailing Address 1503 S. Airport
suite 6

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.34976

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Badiga, Murphy, , ,

Mailing Address 1503 S. Airport
suite 6

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35326

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Badiga, Murphy, , ,

Mailing Address 1503 S. Airport
suite 6

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35682

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Badiga, Murphy, , ,

Mailing Address 1503 S. Airport
suite 6

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36032

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barrera, Marcos, , Mr.,

Mailing Address 3000 Yellowhammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34977

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barrera, Marcos, , Mr.,

Mailing Address 3000 Yellowhammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35327

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barrera, Marcos, , Mr.,

Mailing Address 3000 Yellowhammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35683

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barrera, Marcos, , Mr.,

Mailing Address 3000 Yellowhammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36033

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barrera, Ricardo, , ,

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34978

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

650.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barrera, Ricardo, , ,

Mailing Address 420 Frio

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35328

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barrera, Ricardo, , ,

Mailing Address 420 Frio

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35684

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barrera, Ricardo, , ,

Mailing Address 420 Frio

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36034

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Behara, Sebrahmanyam, , Dr.,

Mailing Address 121 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34980

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Behara, Sebrahmanyam, , Dr.,

Mailing Address 121 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35330

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Behara, Sebrahmanyam, , Dr.,

Mailing Address 121 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35686

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Behara, Sebrahmanyam, , Dr.,

Mailing Address 121 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36036

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bernini, Juan, , ,

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34981

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bernini, Juan, , ,

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35332

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

900.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bernini, Juan, , ,

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11Al.35687

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bernini, Juan, , ,

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36037

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bose, Sarojini, , ,

Mailing Address 7007 N 1st Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.34982

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bose, Sarojini, , ,

Mailing Address 7007 N 1st Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35333

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bose, Sarojini, , ,

Mailing Address 7007 N 1st Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35688

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bose, Sarojini, , ,

Mailing Address 7007 N 1st Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36038

Amount of Each Receipt this Period

250.00

☐ Memo Item
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 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bracamontes, Francisco, , ,

Mailing Address 2005 Cimarron Court

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34983

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bracamontes, Francisco, , ,

Mailing Address 2005 Cimarron Court

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35334

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bracamontes, Francisco, , ,

Mailing Address 2005 Cimarron Court

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35689

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 44 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bracamontes, Francisco, , ,

Mailing Address 2005 Cimarron Court

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36039

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bracamontes, Yvonne, , Dr.,

Mailing Address 2005 Cimarron Court

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34984

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bracamontes, Yvonne, , Dr.,

Mailing Address 2005 Cimarron Court

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35335

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bracamontes, Yvonne, , Dr.,

Mailing Address 2005 Cimarron Court

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35690

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bracamontes, Yvonne, , Dr.,

Mailing Address 2005 Cimarron Court

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36040

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Canales, Erasto, , Dr.,

Mailing Address 105 Bluebird

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34985

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 46 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Canales, Erasto, , Dr.,

Mailing Address 105 Bluebird

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35336

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Canales, Erasto, , Dr.,

Mailing Address 105 Bluebird

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35691

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Canales, Erasto, , Dr.,

Mailing Address 105 Bluebird

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3725.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36041

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

1200.00

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 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Canales, Ricardo, , Dr.,

Mailing Address 408 Marigold

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34986

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Canales, Ricardo, , Dr.,

Mailing Address 408 Marigold

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35337

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Canales, Ricardo, , Dr.,

Mailing Address 408 Marigold

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35692

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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)

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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Canales, Ricardo, , Dr.,

Mailing Address 408 Marigold

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36042

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Canals, Desi, , ,

Mailing Address 1912 Trinity

City
Mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35693

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Canals, Desi, , ,

Mailing Address 1912 Trinity

City
Mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36043

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 49 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cantu, Alonzo, , ,

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34988

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cantu, Alonzo, , ,

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35339

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cantu, Alonzo, , ,

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35694

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 386
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cantu, Alonzo, , ,

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M	D D	Y Y Y Y
09	16	2016

Transaction ID : SA11AI.36044

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cantu, David, , Mr.,

Mailing Address 2409 Kiwi

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	D D	Y Y Y Y
07	07	2016

Transaction ID : SA11AI.34989

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cantu, David, , Mr.,

Mailing Address 2409 Kiwi

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
07	15	2016

Transaction ID : SA11AI.35340

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution
SUBTOTAL of Receipts This Page (optional)..... ►

460.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cantu, David, , Mr.,

Mailing Address 2409 Kiwi

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35695

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cantu, David, , Mr.,

Mailing Address 2409 Kiwi

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36045

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cantu, Leonel, , Dr.,

Mailing Address 2102 Deborah

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34990

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

110.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cantu, Leonel, , Dr.,

Mailing Address 2102 Deborah

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35341

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cantu, Leonel, , Dr.,

Mailing Address 2102 Deborah

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35696

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cantu, Leonel, , Dr.,

Mailing Address 2102 Deborah

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36046

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cantu, Melissa, , Ms,

Mailing Address 1201 S. Gumwood

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34991

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cantu, Melissa, , Ms,

Mailing Address 1201 S. Gumwood

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35342

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cantu, Melissa, , Ms,

Mailing Address 1201 S. Gumwood

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35697

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 54 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cantu, Melissa, , Ms,

Mailing Address 1201 S. Gumwood

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36047

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Caporusso, Joseph, , Dr.,

Mailing Address 217 E. Yellowhammer

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34993

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Caporusso, Joseph, , Dr.,

Mailing Address 217 E. Yellowhammer

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35344

Amount of Each Receipt this Period

100.00

☐ Memo Item
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 386

(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Caporusso, Joseph, , Dr.,

Mailing Address 217 E. Yellowhammer

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35699

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Caporusso, Joseph, , Dr.,

Mailing Address 217 E. Yellowhammer

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36049

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cardenas, Carlos, , ,

Mailing Address 1000 N. Taylor Road

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34994

Amount of Each Receipt this Period

400.00

☐ Memo Item
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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cardenas, Carlos, , ,

Mailing Address 1000 N. Taylor Road

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35345

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cardenas, Carlos, , ,

Mailing Address 1000 N. Taylor Road

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35700

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cardenas, Carlos, , ,

Mailing Address 1000 N. Taylor Road

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36050

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

1200.00

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carreras, Jose, , ,

Mailing Address 1016 E. Griffin Parkway

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34995

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carreras, Jose, , ,

Mailing Address 1016 E. Griffin Parkway

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35346

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carreras, Jose, , ,

Mailing Address 1016 E. Griffin Parkway

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35701

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

1200.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carreras, Jose, , ,

Mailing Address 1016 E. Griffin Parkway

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36051

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Castaneda, Marissa, , ,

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34996

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castaneda, Marissa, , ,

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35347

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

500.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Castaneda, Marissa, , ,

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35702

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Castaneda, Marissa, , ,

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36052

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castrillon, Augusto, , ,

Mailing Address 223 Rio Grande Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.34998

Amount of Each Receipt this Period

250.00

☐ Memo Item
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:
(check only one)

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☒ 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Castrillon, Augusto, , ,

Mailing Address 223 Rio Grande Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35349

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Castrillon, Augusto, , ,

Mailing Address 223 Rio Grande Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35704

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castrillon, Augusto, , ,

Mailing Address 223 Rio Grande Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36053

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cavazos-Salas, Norma, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.34999

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cavazos-Salas, Norma, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35350

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cavazos-Salas, Norma, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35705

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

Use separate schedule(s)
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cavazos-Salas, Norma, , ,

Mailing Address 2301 N. Bryan Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36054

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cooper, Virah, , Dr.,

Mailing Address 1801 South 5th Street suite 7

City
McAllenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35001

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cooper, Virah, , Dr.,

Mailing Address 1801 South 5th Street suite 7

City
McAllenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35353

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

600.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooper, Virah, , Dr.,

Mailing Address 1801 South 5th Street suite 7

City
McAllenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35707

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cooper, Virah, , Dr.,

Mailing Address 1801 South 5th Street suite 7

City
McAllenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36058

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooper-Dockery, Donna, , Dr.,

Mailing Address 2301 Solera Drive

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35002

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

325.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooper-Dockery, Donna, , Dr.,

Mailing Address 2301 Solera Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35354

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cooper-Dockery, Donna, , Dr.,

Mailing Address 2301 Solera Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35708

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooper-Dockery, Donna, , Dr.,

Mailing Address 2301 Solera Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36059

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cortez, Oscar, , Dr.,

Mailing Address 4101 South Burns Drive

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35004

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cortez, Oscar, , Dr.,

Mailing Address 4101 South Burns Drive

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35356

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cortez, Oscar, , Dr.,

Mailing Address 4101 South Burns Drive

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35710

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cortez, Oscar, , Dr.,

Mailing Address 4101 South Burns Drive

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36061

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cortinas, Diana, , ,

Mailing Address 1400 Northgate Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35005

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cortinas, Diana, , ,

Mailing Address 1400 Northgate Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35357

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

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

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

500.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cortinas, Diana, , ,

Mailing Address 1400 Northgate Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35711

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cortinas, Diana, , ,

Mailing Address 1400 Northgate Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36062

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cortinas, Guillermo, , ,

Mailing Address 1224 Northgate Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35006

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cortinas, Guillermo, , ,

Mailing Address 1224 Northgate Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35358

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cortinas, Guillermo, , ,

Mailing Address 1224 Northgate Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35712

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cortinas, Guillermo, , ,

Mailing Address 1224 Northgate Lane

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36063

Amount of Each Receipt this Period

50.00

☐ Memo Item
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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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cortinas, Javier, , ,

Mailing Address 1400 Northgate

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35007

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cortinas, Javier, , ,

Mailing Address 1400 Northgate

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35359

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cortinas, Javier, , ,

Mailing Address 1400 Northgate

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35713

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cortinas, Javier, , ,

Mailing Address 1400 Northgate

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36064

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Costa, Hildegardo, , Dr.,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35008

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Costa, Hildegardo, , Dr.,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35360

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Costa, Hildegardo, , Dr.,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35714

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Costa, Hildegardo, , Dr.,

Mailing Address 129 Bluebird

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36065

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Darling, James, , ,

Mailing Address 1225 E Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35009

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

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

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

250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Darling, James, , ,

Mailing Address 1225 E Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11Al.35361

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Darling, James, , ,

Mailing Address 1225 E Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11Al.35715

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Darling, James, , ,

Mailing Address 1225 E Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36066

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 73 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Deanda, David, , ,

Mailing Address 2408 Dorado

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35010

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Deanda, David, , ,

Mailing Address 2408 Dorado

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35362

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Deanda, David, , ,

Mailing Address 2408 Dorado

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35716

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

600.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Deanda, David, , ,

Mailing Address 2408 Dorado

City
missionState
TXZip Code
78574FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36068

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. De La Garza, Jorge, , ,

Mailing Address 120 Condor

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35013

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. De La Garza, Jorge, , ,

Mailing Address 120 Condor

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35364

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

600.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. De La Garza, Jorge, , ,

Mailing Address 120 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35718

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. De La Garza, Jorge, , ,

Mailing Address 120 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36070

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Delgado, Luis, , , Jr.

Mailing Address 5128 N. 10th

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35016

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

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

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

700.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Delgado, Luis, , , Jr.

Mailing Address 5128 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35367

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Delgado, Luis, , , Jr.

Mailing Address 5128 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35721

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Delgado, Luis, , , Jr.

Mailing Address 5128 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36073

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

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

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

600.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Desai, Parul, , Dr.,

Mailing Address 7004 North 1st

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35017

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Desai, Parul, , Dr.,

Mailing Address 7004 North 1st

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35368

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Desai, Parul, , Dr.,

Mailing Address 7004 North 1st

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35722

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Desai, Parul, , Dr.,

Mailing Address 7004 North 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36074

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Desai, Satish, D., Dr.,

Mailing Address 7004 North 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35018

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Desai, Satish, D., Dr.,

Mailing Address 7004 North 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35369

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 79 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Desai, Satish, D., Dr.,

Mailing Address 7004 North 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35723

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Desai, Satish, D., Dr.,

Mailing Address 7004 North 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36075

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Disque, Laura, , Ms,

Mailing Address 2020 Anacua Circle

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35019

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Disque, Laura, , Ms,

Mailing Address 2020 Anacua Circle

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35370

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Disque, Laura, , Ms,

Mailing Address 2020 Anacua Circle

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35724

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Disque, Laura, , Ms,

Mailing Address 2020 Anacua Circle

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36076

Amount of Each Receipt this Period

50.00

☐ Memo Item
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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duran, Alberto, , ,

Mailing Address 1615 Palazzo

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35021

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Duran, Alberto, , ,

Mailing Address 1615 Palazzo

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35372

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duran, Alberto, , ,

Mailing Address 1615 Palazzo

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35726

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duran, Alberto, ,

Mailing Address 1615 Palazzo

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36078

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elizondo, Oneida, , Ms,

Mailing Address 2411 Durango Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35727

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elizondo, Oneida, , Ms,

Mailing Address 2411 Durango Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36079

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eshwar, Kotthegal, , ,

Mailing Address 108 Yellow Hammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35023

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eshwar, Kotthegal, , ,

Mailing Address 108 Yellow Hammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35374

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eshwar, Kotthegal, , ,

Mailing Address 108 Yellow Hammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35728

Amount of Each Receipt this Period

50.00

☐ Memo Item
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 84 OF 386

(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eshwar, Kotthegal, , ,

Mailing Address 108 Yellow Hammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36080

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Esparza, Antonio, , ,

Mailing Address 136 W. Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35024

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Esparza, Antonio, , ,

Mailing Address 136 W. Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35375

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

850.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Esparza, Antonio, , ,

Mailing Address 136 W. Yucca

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35729

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Esparza, Antonio, , ,

Mailing Address 136 W. Yucca

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36081

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Estrellando, Johnny, , Dr.,

Mailing Address 2113 La Condesa Drive

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35730

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

825.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Estrellando, Johnny, , Dr.,

Mailing Address 2113 La Condesa Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36082

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Falcon, Antonio, , ,

Mailing Address 2768 Pharmacy Road

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35026

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Falcon, Antonio, , ,

Mailing Address 2768 Pharmacy Road

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35377

Amount of Each Receipt this Period

100.00

☐ Memo Item
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**

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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Falcon, Antonio, , ,

Mailing Address 2768 Pharmacy Road

City
rio grande city

State
TX

Zip Code
78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35731

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Falcon, Antonio, , ,

Mailing Address 2768 Pharmacy Road

City
rio grande city

State
TX

Zip Code
78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36083

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Falcon, Maria Elena, , ,

Mailing Address 2212 Westway

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35027

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Falcon, Maria Elena, , ,

Mailing Address 2212 Westway

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35378

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Falcon, Maria Elena, , ,

Mailing Address 2212 Westway

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35732

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Falcon, Maria Elena, , ,

Mailing Address 2212 Westway

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36084

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

750.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Feigl, Alexander, , Dr.,

Mailing Address 110 E. Savannah #101

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35028

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Feigl, Alexander, , Dr.,

Mailing Address 110 E. Savannah #101

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35379

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Feigl, Alexander, , Dr.,

Mailing Address 110 E. Savannah #101

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35733

Amount of Each Receipt this Period

250.00

☐ Memo Item
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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(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Feigl, Alexander, , Dr.,

Mailing Address 110 E. Savannah #101

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36085

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flores, Marco, , ,

Mailing Address 320 Primrose

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35029

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Flores, Marco, , ,

Mailing Address 320 Primrose

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11Al.35380

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

Use separate schedule(s)
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flores, Marco, , ,

Mailing Address 320 Primrose

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35734

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flores, Marco, , ,

Mailing Address 320 Primrose

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36086

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Flores, Melissa, P., Ms,

Mailing Address 4420 East Mile 17 1/2

City
Edinburg

State
TX

Zip Code
78542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35736

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

525.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flores, Melissa, P., Ms,

Mailing Address 4420 East Mile 17 1/2

City
Edinburg

State
TX

Zip Code
78542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36088

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Franklin, Raymond, , Mr.,

Mailing Address 3212 Nightingale Court

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35032

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Franklin, Raymond, , Mr.,

Mailing Address 3212 Nightingale Court

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35383

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

125.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Franklin, Raymond, , Mr.,

Mailing Address 3212 Nightingale Court

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35737

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Franklin, Raymond, , Mr.,

Mailing Address 3212 Nightingale Court

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36089

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Galindo, Eugenio, , ,

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35033

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Galindo, Eugenio, , ,

Mailing Address 5936 N. Cynthia

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35384

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Galindo, Eugenio, , ,

Mailing Address 5936 N. Cynthia

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35738

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Galindo, Eugenio, , ,

Mailing Address 5936 N. Cynthia

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36090

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

1200.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Elvin, , ,

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35034

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Elvin, , ,

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35385

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Elvin, , ,

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35739

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Elvin, , ,

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36091

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Hiram, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35035

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Hiram, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35386

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

900.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Hiram, , ,

Mailing Address 2712 E Mile 5 Road

City
MissionState
TXZip Code
78574FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35740

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Hiram, , ,

Mailing Address 2712 E Mile 5 Road

City
MissionState
TXZip Code
78574FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36092

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Oscar, , Dr.,

Mailing Address 1717 Palazzo

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35038

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

900.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Oscar, , Dr.,

Mailing Address 1717 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35389

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Oscar, , Dr.,

Mailing Address 1717 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35743

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Oscar, , Dr.,

Mailing Address 1717 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36094

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

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(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Ricardo, , Dr.,

Mailing Address 6108 North 5th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35040

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Ricardo, , Dr.,

Mailing Address 6108 North 5th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35391

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Ricardo, , Dr.,

Mailing Address 6108 North 5th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35745

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Ricardo, , Dr.,

Mailing Address 6108 North 5th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36096

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Samuel, , Dr.,

Mailing Address 137 E. Guardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35041

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Samuel, , Dr.,

Mailing Address 137 E. Guardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35392

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Samuel, , Dr.,

Mailing Address 137 E. Guardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35746

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia, Samuel, , Dr.,

Mailing Address 137 E. Guardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36097

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia, Teresa Maria, , Ms,

Mailing Address 6001 N. 36th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35747

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

225.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Teresa Maria, , Ms,

Mailing Address 6001 N. 36th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36098

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35043

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35394

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

825.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35748

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36099

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza, Anna, , Ms,

Mailing Address 3212 S Boyce Circle

City
Donna

State
TX

Zip Code
78557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35750

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

825.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza, Anna, , Ms,

Mailing Address 3212 S Boyce Circle

City
Donna

State
TX

Zip Code
78557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36101

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza, James, , Dr.,

Mailing Address 2821 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35046

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza, James, , Dr.,

Mailing Address 2821 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35397

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

825.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza, James, , Dr.,

Mailing Address 2821 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35751

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza, James, , Dr.,

Mailing Address 2821 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36102

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza, Martin, , Dr.,

Mailing Address P.O. Box 180

City
Linn

State
TX

Zip Code
78563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35047

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza, Martin, , Dr.,

Mailing Address P.O. Box 180

City
LinnState
TXZip Code
78563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35398

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza, Martin, , Dr.,

Mailing Address P.O. Box 180

City
LinnState
TXZip Code
78563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35752

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza, Martin, , Dr.,

Mailing Address P.O. Box 180

City
LinnState
TXZip Code
78563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36103

Amount of Each Receipt this Period

50.00

☐ Memo Item
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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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza, Rene, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35048

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza, Rene, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35399

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza, Rene, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35753

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza, Rene, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36104

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza-Montalvo, Ayda, , Dr.,

Mailing Address 2311 Silvarido North

City
Palmhurst

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35050

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza-Montalvo, Ayda, , Dr.,

Mailing Address 2311 Silvarido North

City
Palmhurst

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35401

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

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

650.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza-Montalvo, Ayda, , Dr.,

Mailing Address 2311 Silvarido North

City
Palmhurst

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35755

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza-Montalvo, Ayda, , Dr.,

Mailing Address 2311 Silvarido North

City
Palmhurst

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36106

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza-Tamez, Jesus, , Dr.,

Mailing Address 1400 W. Gardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35051

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

350.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza-Tamez, Jesus, , Dr.,

Mailing Address 1400 W. Gardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35402

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garza-Tamez, Jesus, , Dr.,

Mailing Address 1400 W. Gardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35756

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garza-Tamez, Jesus, , Dr.,

Mailing Address 1400 W. Gardenia

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36107

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gelman, Lawrence, , ,

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35052

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gelman, Lawrence, , ,

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35403

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gelman, Lawrence, , ,

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35757

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gelman, Lawrence, , ,

Mailing Address 3900 Sundown Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36108

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gillett, Richard, , Dr.,

Mailing Address 54 South 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35055

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gillett, Richard, , Dr.,

Mailing Address 54 South 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35406

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

600.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gillett, Richard, , Dr.,

Mailing Address 54 South 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35760

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gillett, Richard, , Dr.,

Mailing Address 54 South 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36111

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Giraldo, Alvaro, , ,

Mailing Address 106 W. Flamingo

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35056

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Giraldo, Alvaro, , ,

Mailing Address 106 W. Flamingo

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35407

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giraldo, Alvaro, , ,

Mailing Address 106 W. Flamingo

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35761

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Giraldo, Alvaro, , ,

Mailing Address 106 W. Flamingo

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36112

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

300.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gomez, Felipe, , Dr.,

Mailing Address 2401 SE Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35057

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gomez, Felipe, , Dr.,

Mailing Address 2401 SE Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35409

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gomez, Felipe, , Dr.,

Mailing Address 2401 SE Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35762

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gomez, Felipe, , Dr.,

Mailing Address 2401 SE Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36113

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gomez, Juan Pablo, , Dr.,

Mailing Address 113 Canary

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35059

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gomez, Juan Pablo, , Dr.,

Mailing Address 113 Canary

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35410

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gomez, Juan Pablo, , Dr.,

Mailing Address 113 Canary

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35763

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gomez, Juan Pablo, , Dr.,

Mailing Address 113 Canary

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36114

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gomez, Marco, , Mr.,

Mailing Address 2705 Biltmore

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35061

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

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

435.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gomez, Marco, , Mr.,

Mailing Address 2705 Biltmore

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35411

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gomez, Marco, , Mr.,

Mailing Address 2705 Biltmore

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35764

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gomez, Marco, , Mr.,

Mailing Address 2705 Biltmore

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36115

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

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

105.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzales, Michael, , Mr.,

Mailing Address 204 Valenca

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35767

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzales, Michael, , Mr.,

Mailing Address 204 Valenca

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36118

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez, Ada, , ,

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35063

Amount of Each Receipt this Period

75.00

☐ Memo Item
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)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Ada, , ,

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35415

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Ada, , ,

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35768

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez, Ada, , ,

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36119

Amount of Each Receipt this Period

75.00

☐ Memo Item
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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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Aida, , Ms,

Mailing Address 311 E. Davis

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35769

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Aida, , Ms,

Mailing Address 311 E. Davis

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36120

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City

mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35065

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

100.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35417

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35770

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36121

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Jaime, , ,

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35066

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Jaime, , ,

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35418

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez, Jaime, , ,

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35771

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Jaime, , ,

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36123

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Mark, , Dr.,

Mailing Address 2405 Dorado Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35067

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez, Mark, , Dr.,

Mailing Address 2405 Dorado Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35419

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

500.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Mark, , Dr.,

Mailing Address 2405 Dorado Drive

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35772

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Mark, , Dr.,

Mailing Address 2405 Dorado Drive

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36124

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez-Dickson, Juan, , ,

Mailing Address 1501 Meadwood

City
weslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35068

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

350.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez-Dickson, Juan, , ,

Mailing Address 1501 Meadwood

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35420

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez-Dickson, Juan, , ,

Mailing Address 1501 Meadwood

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35773

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gonzalez-Dickson, Juan, , ,

Mailing Address 1501 Meadwood

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36125

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Verley, , ,

Mailing Address 1700 E. Mile 3 Road

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35069

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gordon, Verley, , ,

Mailing Address 1700 E. Mile 3 Road

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35421

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gordon, Verley, , ,

Mailing Address 1700 E. Mile 3 Road

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35774

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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Detailed Summary Page

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Verley, , ,

Mailing Address 1700 E. Mile 3 Road

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36126

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Griego, Enrique, , ,

Mailing Address 905 Inspiratin Drive

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35070

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Griego, Enrique, , ,

Mailing Address 905 Inspiratin Drive

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35422

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1050.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griego, Enrique, , ,

Mailing Address 905 Inspiratin Drive

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35775

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Griego, Enrique, , ,

Mailing Address 905 Inspiratin Drive

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36127

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guajardo, Maria Ruby, , Dr.,

Mailing Address 2603 Santa Laura

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35071

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guajardo, Maria Ruby, , Dr.,

Mailing Address 2603 Santa Laura

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35423

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guajardo, Maria Ruby, , Dr.,

Mailing Address 2603 Santa Laura

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35776

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guajardo, Maria Ruby, , Dr.,

Mailing Address 2603 Santa Laura

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36128

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guerra, Daniel, , ,

Mailing Address 101 S. Broadway

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35072

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guerra, Daniel, , ,

Mailing Address 101 S. Broadway

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35424

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guerra, Daniel, , ,

Mailing Address 101 S. Broadway

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35777

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guerra, Daniel, , ,

Mailing Address 101 S. Broadway

City
McAllenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36129

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guerra, Marcy, , ,

Mailing Address 13337 Borolo Drive

City
edenburgState
TXZip Code
78541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35075

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guerra, Marcy, , ,

Mailing Address 13337 Borolo Drive

City
edenburgState
TXZip Code
78541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35426

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

900.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guerra, Marcy, , ,

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35779

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guerra, Marcy, , ,

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36131

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gummadi, Sarada, , Dr.,

Mailing Address 4404 Santa Fabiola

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35780

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gummadi, Sarada, , Dr.,

Mailing Address 4404 Santa Fabiola

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36132

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City
edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35077

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City
edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35428

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

525.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35781

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36133

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gutierrez, Marco, , ,

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35078

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

900.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gutierrez, Marco, , ,

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35429

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gutierrez, Marco, , ,

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35782

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gutierrez, Marco, , ,

Mailing Address 511 N. Depot Road

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36134

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gutierrez, Miguel, , ,

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35079

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gutierrez, Miguel, , ,

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35430

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gutierrez, Miguel, , ,

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35783

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gutierrez, Miguel, , ,

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36135

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guzman, Anna, Lisa, ,

Mailing Address P.O. Box 720235

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36136

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guzman, Edwardo, , Dr.,

Mailing Address 2308 Highway 83 suite f

City
Penitas

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35081

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

325.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guzman, Edwardo, , Dr.,

Mailing Address 2308 Highway 83 suite f

City
Penitas

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35432

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guzman, Edwardo, , Dr.,

Mailing Address 2308 Highway 83 suite f

City
Penitas

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35785

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guzman, Edwardo, , Dr.,

Mailing Address 2308 Highway 83 suite f

City
Penitas

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36137

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haddad, Victor, , ,

Mailing Address 4008 Burns Drive South

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35082

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haddad, Victor, , ,

Mailing Address 4008 Burns Drive South

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35433

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haddad, Victor, , ,

Mailing Address 4008 Burns Drive South

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35786

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haddad, Victor, , ,

Mailing Address 4008 Burns Drive South

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36138

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Helbing, Robert, , ,

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35083

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Helbing, Robert, , ,

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35434

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

500.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Helbing, Robert, , ,

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35787

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Helbing, Robert, , ,

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36140

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hensler, Blake, , Mr.,

Mailing Address 3414 Pricess Street

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35788

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

125.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hensler, Blake, , Mr.,

Mailing Address 3414 Pricess Street

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36141

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hensler, Monica, , Ms,

Mailing Address 3414 Princess Street

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35789

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hensler, Monica, , Ms,

Mailing Address 3414 Princess Street

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36142

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

75.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hernandez, Ambrosio, , ,

Mailing Address 2000 Dana

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35086

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hernandez, Ambrosio, , ,

Mailing Address 2000 Dana

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35437

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hernandez, Ambrosio, , ,

Mailing Address 2000 Dana

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35790

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hernandez, Ambrosio, , ,

Mailing Address 2000 Dana

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36143

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hernandez, Maximiliano, , ,

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35088

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hernandez, Maximiliano, , ,

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35439

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

900.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hernandez, Maximiliano, , ,

Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin

City
 mcallen

State
 TX

Zip Code
 78503

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 selfemployed

Occupation (for Individual)
 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 Y
 08 / 15 / 2016

Transaction ID : SA11AI.35792

Amount of Each Receipt this Period

250.00

☐ Memo Item
 contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hernandez, Maximiliano, , ,

Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin

City
 mcallen

State
 TX

Zip Code
 78503

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 selfemployed

Occupation (for Individual)
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2016

Transaction ID : SA11AI.36145

Amount of Each Receipt this Period

250.00

☐ Memo Item
 contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoffman, Maria, , ,

Mailing Address 802 Inspiration Road

City
 pharr

State
 TX

Zip Code
 78577

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 selfemployed

Occupation (for Individual)
 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 Y
 07 / 07 / 2016

Transaction ID : SA11AI.35074

Amount of Each Receipt this Period

250.00

☐ Memo Item
 contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoffman, Maria, , ,

Mailing Address 802 Inspiration Road

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35440

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoffman, Maria, , ,

Mailing Address 802 Inspiration Road

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35793

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoffman, Maria, , ,

Mailing Address 802 Inspiration Road

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36146

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Honrubia, Dynio, , Dr.,

Mailing Address 5600 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35089

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Honrubia, Dynio, , Dr.,

Mailing Address 5600 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35441

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Honrubia, Dynio, , Dr.,

Mailing Address 5600 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35794

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Honrubia, Dynio, , Dr.,

Mailing Address 5600 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36147

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Honrubia, Vincent, , ,

Mailing Address 204 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35090

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Honrubia, Vincent, , ,

Mailing Address 204 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35442

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

850.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Honrubia, Vincent, , ,

Mailing Address 204 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35795

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Honrubia, Vincent, , ,

Mailing Address 204 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36148

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Husain, Syed, , Dr.,

Mailing Address 7020 N. 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35091

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Husain, Syed, , Dr.,

Mailing Address 7020 N. 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35443

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Husain, Syed, , Dr.,

Mailing Address 7020 N. 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35796

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Husain, Syed, , Dr.,

Mailing Address 7020 N. 1st

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36149

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Iglesias, Norma, , Dr.,

Mailing Address 712 S. Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35092

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Iglesias, Norma, , Dr.,

Mailing Address 712 S. Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35444

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Iglesias, Norma, , Dr.,

Mailing Address 712 S. Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35797

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Iglesias, Norma, , Dr.,

Mailing Address 712 S. Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36150

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Igoa, Jose, E., Dr.,

Mailing Address 3716 S 'J' Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35093

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Igoa, Jose, E., Dr.,

Mailing Address 3716 S 'J' Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35445

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Igoa, Jose, E., Dr.,

Mailing Address 3716 S 'J' Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35798

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Igoa, Jose, E., Dr.,

Mailing Address 3716 S 'J' Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36151

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Irigoyen, Fructuoso, , Dr.,

Mailing Address 717 S. 'G' Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35094

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

850.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Irigoyen, Fructuoso, , Dr.,

Mailing Address 717 S. 'G' Street

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35446

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Irigoyen, Fructuoso, , Dr.,

Mailing Address 717 S. 'G' Street

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35799

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Irigoyen, Fructuoso, , Dr.,

Mailing Address 717 S. 'G' Street

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36152

Amount of Each Receipt this Period

50.00

☐ Memo Item
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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jacobson, Marina, , Ms,

Mailing Address 1505 Doherty

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35800

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jacobson, Marina, , Ms,

Mailing Address 1505 Doherty

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36153

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Jain, Dinesk, , Dr.,

Mailing Address 6208 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35096

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

100.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jain, Dinesk, , Dr.,

Mailing Address 6208 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35448

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jain, Dinesk, , Dr.,

Mailing Address 6208 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35801

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jain, Dinesk, , Dr.,

Mailing Address 6208 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36154

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jinenez-Flores, Danielle, , Dr.,

Mailing Address 4212 Lebanon

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35097

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jinenez-Flores, Danielle, , Dr.,

Mailing Address 4212 Lebanon

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35449

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jinenez-Flores, Danielle, , Dr.,

Mailing Address 4212 Lebanon

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35802

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

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

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

600.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 386

(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jinenez-Flores, Danielle, , Dr.,

Mailing Address 4212 Lebanon

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36155

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35098

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35450

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 160 OF 386

(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35803

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36156

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kalaf, Nelson, , ,

Mailing Address 5401 N. 8th Street

City
mcAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35099

Amount of Each Receipt this Period

250.00

☐ Memo Item
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)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kalaf, Nelson, , ,

Mailing Address 5401 N. 8th Street

City
mcAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11Al.35452

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kalaf, Nelson, , ,

Mailing Address 5401 N. 8th Street

City
mcAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11Al.35805

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kalaf, Nelson, , ,

Mailing Address 5401 N. 8th Street

City
mcAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36158

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kanhere, Gauri, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35100

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kanhere, Gauri, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35453

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kanhere, Gauri, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35806

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kanhere, Gauri, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36159

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kaplan, Adolfo, , Dr.,

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35102

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kaplan, Adolfo, , Dr.,

Mailing Address 7902 N. 2th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35454

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

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

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

650.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kaplan, Adolfo, , Dr.,

Mailing Address 7902 N. 2th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35807

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kaplan, Adolfo, , Dr.,

Mailing Address 7902 N. 2th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36160

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Khademi, Kambiz, , Mr.,

Mailing Address P.O.Box 3422

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35103

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

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

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

440.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 386

(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Khademi, Kambiz, , Mr.,

Mailing Address P.O.Box 3422

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35455

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Khademi, Kambiz, , Mr.,

Mailing Address P.O.Box 3422

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35808

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Khademi, Kambiz, , Mr.,

Mailing Address P.O.Box 3422

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36161

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

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

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

120.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Khan, Salman Muhammad, , Dr.,

Mailing Address 3435 MacQuarie Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35104

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Khan, Salman Muhammad, , Dr.,

Mailing Address 3435 MacQuarie Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35456

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Khan, Salman Muhammad, , Dr.,

Mailing Address 3435 MacQuarie Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35809

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Khan, Salman Muhammad, , Dr.,

Mailing Address 3435 MacQuarie Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36162

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kiani, Gholam, , ,

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35105

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kiani, Gholam, , ,

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35457

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

550.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kiani, Gholam, , ,

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35810

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kiani, Gholam, , ,

Mailing Address 213 e. Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36163

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kiker, John, , Mr.,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35107

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

550.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kiker, John, , Mr.,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35458

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kiker, John, , Mr.,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35811

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kiker, John, , Mr.,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36164

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klenz, Mary Elizabeth, , ,

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35108

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Klenz, Mary Elizabeth, , ,

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35459

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Klenz, Mary Elizabeth, , ,

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35812

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klenz, Mary Elizabeth, , ,

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36165

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kutugata, Jorge, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35109

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kutugata, Jorge, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35460

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kutugata, Jorge, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35814

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kutugata, Jorge, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36166

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leal, Ramiro, , ,

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35111

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leal, Ramiro, , ,

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35462

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leal, Ramiro, , ,

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35816

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leal, Ramiro, , ,

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36168

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ledesma, Raul, , Dr.,

Mailing Address 5508 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35112

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ledesma, Raul, , Dr.,

Mailing Address 5508 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35463

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ledesma, Raul, , Dr.,

Mailing Address 5508 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35817

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ledesma, Raul, , Dr.,

Mailing Address 5508 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36169

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lema, Rodrigo, , Dr.,

Mailing Address 124 Canary

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35113

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lema, Rodrigo, , Dr.,

Mailing Address 124 Canary

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35464

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lema, Rodrigo, , Dr.,

Mailing Address 124 Canary

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35818

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lema, Rodrigo, , Dr.,

Mailing Address 124 Canary

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36170

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lin, Rick, , Dr.,

Mailing Address 5112 N. 10th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35821

Amount of Each Receipt this Period

25.00

☐ Memo Item
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**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lin, Rick, , Dr.,

Mailing Address 5112 N. 10th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36173

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linan, Enrique, , Dr.,

Mailing Address 3003 Santo Olivia

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35822

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Linan, Enrique, , Dr.,

Mailing Address 3003 Santo Olivia

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36174

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Linebarger, Dale, , ,

Mailing Address 901 West 9th Street
#405

City
austin

State
TX

Zip Code
78703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35118

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linebarger, Dale, , ,

Mailing Address 901 West 9th Street
#405

City
austin

State
TX

Zip Code
78703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35469

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Linebarger, Dale, , ,

Mailing Address 901 West 9th Street
#405

City
austin

State
TX

Zip Code
78703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35823

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Linebarger, Dale, , ,

Mailing Address 901 West 9th Street
#405

City
austin

State
TX

Zip Code
78703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36175

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linsangan, Linette, , Dr.,

Mailing Address 105 E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35119

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Linsangan, Linette, , Dr.,

Mailing Address 105 E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35470

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Linsangan, Linette, , Dr.,

Mailing Address 105 E. Yellowhammer

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35824

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linsangan, Linette, , Dr.,

Mailing Address 105 E. Yellowhammer

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36176

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lizardo, Segundo, , Mr.,

Mailing Address 800 Amethyst Drive

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35825

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lizardo, Segundo, , Mr.,

Mailing Address 800 Amethyst Drive

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36177

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loggiodice, Nelson, , Mr.,

Mailing Address 3098 N. Jackson Rd

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35122

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loggiodice, Nelson, , Mr.,

Mailing Address 3098 N. Jackson Rd

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35474

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

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

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

85.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Loggiodice, Nelson, , Mr.,

Mailing Address 3098 N. Jackson Rd

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35827

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loggiodice, Nelson, , Mr.,

Mailing Address 3098 N. Jackson Rd

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36179

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loja, Wilmer, , Dr.,

Mailing Address 105

E. Yellowhammer

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35123

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

160.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Loja, Wilmer, , Dr.,

Mailing Address 105

E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35475

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loja, Wilmer, , Dr.,

Mailing Address 105

E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35828

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loja, Wilmer, , Dr.,

Mailing Address 105

E. Yellowhammer

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36180

Amount of Each Receipt this Period

100.00

☐ Memo Item
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**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lopez, Alfredo, , ,

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35125

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lopez, Alfredo, , ,

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35477

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lopez, Alfredo, , ,

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35830

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lopez, Alfredo, , ,

Mailing Address 7609 N. 24th Circle

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36182

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lopez, Julio, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35831

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lopez, Julio, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36183

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lopez, Pamela, , Ms,

Mailing Address 413 N. Gay Drive

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35832

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lopez, Pamela, , Ms,

Mailing Address 413 N. Gay Drive

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36184

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lozano, Sergio, , Dr.,

Mailing Address 2309 Spicewood Drive

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35833

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lozano, Sergio, , Dr.,

Mailing Address 2309 Spicewood Drive

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36185

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mangi, Salil, , ,

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35130

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mangi, Salil, , ,

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35482

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

525.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mangi, Salil, , ,

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35835

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mangi, Salil, , ,

Mailing Address 3801 Sundown Court East

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36187

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35131

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

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

625.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35483

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35836

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36188

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Manrique, Carlos, , ,

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35132

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Manrique, Carlos, , ,

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35484

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Manrique, Carlos, , ,

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35837

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Manrique, Carlos, , ,

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36189

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marquez, Guillermo, , ,

Mailing Address 1702 Trinity Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35133

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marquez, Guillermo, , ,

Mailing Address 1702 Trinity Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35485

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marquez, Guillermo, , ,

Mailing Address 1702 Trinity Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35838

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marquez, Guillermo, , ,

Mailing Address 1702 Trinity Road

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36190

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martinez, Agustin, , ,

Mailing Address 7603 N. 2nd Lane

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35134

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martinez, Agustin, , ,

Mailing Address 7603 N. 2nd Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35486

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martinez, Agustin, , ,

Mailing Address 7603 N. 2nd Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35839

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martinez, Agustin, , ,

Mailing Address 7603 N. 2nd Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36191

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martinez, Ricardo, , ,

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35135

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martinez, Ricardo, , ,

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35487

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martinez, Ricardo, , ,

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35840

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martinez, Ricardo, , ,

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36192

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martinez, Robert, , Dr.,

Mailing Address 2809 Santa Lydia

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35136

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martinez, Robert, , Dr.,

Mailing Address 2809 Santa Lydia

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35488

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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600.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martinez, Robert, , Dr.,

Mailing Address 2809 Santa Lydia

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35841

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martinez, Robert, , Dr.,

Mailing Address 2809 Santa Lydia

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36193

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martinez, Santos, , ,

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35137

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 386

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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martinez, Santos, , ,

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35655

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mata, Israel, , Dr.,

Mailing Address 2601 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35138

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mata, Israel, , Dr.,

Mailing Address 2601 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35490

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

200.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mata, Israel, , Dr.,

Mailing Address 2601 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35843

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mata, Israel, , Dr.,

Mailing Address 2601 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36194

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mata, Nelson, , Dr.,

Mailing Address 1705 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35139

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mata, Nelson, , Dr.,

Mailing Address 1705 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35491

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mata, Nelson, , Dr.,

Mailing Address 1705 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35844

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mata, Nelson, , Dr.,

Mailing Address 1705 Palazzo

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36195

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McNutt, Kimberely, , Ms,

Mailing Address 7716 N. 27th

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35846

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McNutt, Kimberely, , Ms,

Mailing Address 7716 N. 27th

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11Al.36197

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Media, Javier, , Dr.,

Mailing Address 3601 Oakwood Lane

City
MissionState
TXZip Code
78573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35142

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

100.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Media, Javier, , Dr.,

Mailing Address 3601 Oakwood Lane

City
Mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35494

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Media, Javier, , Dr.,

Mailing Address 3601 Oakwood Lane

City
Mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35847

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Media, Javier, , Dr.,

Mailing Address 3601 Oakwood Lane

City
Mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36198

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medina, Bertha, , ,

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35143

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Medina, Bertha, , ,

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35495

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Medina, Bertha, , ,

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35848

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medina, Bertha, , ,

Mailing Address 1300 1 1/2 Street

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36199

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Medina, Camen Martha, , Ms,

Mailing Address 509 E. Yucca

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35144

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Medina, Camen Martha, , Ms,

Mailing Address 509 E. Yucca

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35496

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medina, Camen Martha, , Ms,

Mailing Address 509 E. Yucca

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35849

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Medina, Camen Martha, , Ms,

Mailing Address 509 E. Yucca

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36200

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mego, Carlos, , Dr.,

Mailing Address 602 McColl Circle

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35145

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

500.00

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

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for each category of the
Detailed Summary Page

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mego, Carlos, , Dr.,

Mailing Address 602 McColl Circle

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35497

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mego, Carlos, , Dr.,

Mailing Address 602 McColl Circle

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35850

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mego, Carlos, , Dr.,

Mailing Address 602 McColl Circle

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36201

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mehkri, Imtiaz, , Dr.,

Mailing Address 7120 Ware Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35146

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mehkri, Imtiaz, , Dr.,

Mailing Address 7120 Ware Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35498

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mehkri, Imtiaz, , Dr.,

Mailing Address 7120 Ware Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35851

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

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

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

270.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mehkri, Imtiaz, , Dr.,

Mailing Address 7120 Ware Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36202

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mercado, Manuel, , ,

Mailing Address 3002 Santa Susana

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35149

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mercado, Manuel, , ,

Mailing Address 3002 Santa Susana

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35501

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

590.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mercado, Manuel, , ,

Mailing Address 3002 Santa Susana

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35854

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mercado, Manuel, , ,

Mailing Address 3002 Santa Susana

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36205

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meyer, Scott, , ,

Mailing Address 2100 School Lane

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35150

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

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

535.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meyer, Scott, , ,

Mailing Address 2100 School Lane

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35502

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meyer, Scott, , ,

Mailing Address 2100 School Lane

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35855

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meyer, Scott, , ,

Mailing Address 2100 School Lane

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36206

Amount of Each Receipt this Period

35.00

☐ Memo Item
contribution

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

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

105.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Milano, Emil, , Dr.,

Mailing Address 225 E. Cornell

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35151

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Milano, Emil, , Dr.,

Mailing Address 225 E. Cornell

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35503

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Milano, Emil, , Dr.,

Mailing Address 225 E. Cornell

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35856

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Milano, Emil, , Dr.,

Mailing Address 225 E. Cornell

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36207

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohamed, Carlos, N, , Jr.

Mailing Address 2821 Michael Angelo

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35153

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mohamed, Carlos, N, , Jr.

Mailing Address 2821 Michael Angelo

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35505

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mohamed, Carlos, N, , Jr.

Mailing Address 2821 Michael Angelo

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35858

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohamed, Carlos, N, , Jr.

Mailing Address 2821 Michael Angelo

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36209

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mohamed, Samira, T., Dr.,

Mailing Address 324 Heron

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35106

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mohamed, Samira, T., Dr.,

Mailing Address 324 Heron

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35506

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohamed, Samira, T., Dr.,

Mailing Address 324 Heron

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35859

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mohamed, Samira, T., Dr.,

Mailing Address 324 Heron

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36210

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mohan, Aparna, , Dr.,

Mailing Address 7808 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35155

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohan, Aparna, , Dr.,

Mailing Address 7808 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35507

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mohan, Aparna, , Dr.,

Mailing Address 7808 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35860

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

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

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

90.00

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

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mohan, Aparna, , Dr.,

Mailing Address 7808 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36211

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohme, Ruben, , Dr.,

Mailing Address 7309 N. 4th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35156

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mohme, Ruben, , Dr.,

Mailing Address 7309 N. 4th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35508

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

230.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mohme, Ruben, , Dr.,

Mailing Address 7309 N. 4th Street

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35861

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mohme, Ruben, , Dr.,

Mailing Address 7309 N. 4th Street

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36212

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moncada, Armando, , Dr.,

Mailing Address 1421 North 2nd Street

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

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35157

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

600.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moncada, Armando, , Dr.,

Mailing Address 1421 North 2nd Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35509

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moncada, Armando, , Dr.,

Mailing Address 1421 North 2nd Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35862

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moncada, Armando, , Dr.,

Mailing Address 1421 North 2nd Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36213

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montanez, Guillermo, , Dr.,

Mailing Address 100 S. W. Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35158

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montanez, Guillermo, , Dr.,

Mailing Address 100 S. W. Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35510

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Montanez, Guillermo, , Dr.,

Mailing Address 100 S. W. Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35863

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montanez, Guillermo, , Dr.,

Mailing Address 100 S. W. Augusta Square

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36214

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morales, Carlos, , ,

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35159

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morales, Carlos, , ,

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35511

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morales, Carlos, , ,

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35864

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morales, Carlos, , ,

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36215

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moreno, Leonel, , ,

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35161

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moreno, Leonel, , ,

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35513

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moreno, Leonel, , ,

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35866

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moreno, Leonel, , ,

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36217

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moreno, LeRoy, , Mr.,

Mailing Address 6908 N. 31st

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

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36218

Amount of Each Receipt this Period

21.48

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Najaraj, Namitha, , Dr.,

Mailing Address 2605 San Lucas

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35868

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Najaraj, Namitha, , Dr.,

Mailing Address 2605 San Lucas

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36219

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

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

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

71.48

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nandipaty, Sivakumari, , Dr.,

Mailing Address 1509 N. Misty Lane

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35164

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nandipaty, Sivakumari, , Dr.,

Mailing Address 1509 N. Misty Lane

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35517

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Nandipaty, Sivakumari, , Dr.,

Mailing Address 1509 N. Misty Lane

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35869

Amount of Each Receipt this Period

50.00

☐ Memo Item
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**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nandipaty, Sivakumari, , Dr.,

Mailing Address 1509 N. Misty Lane

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36220

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35165

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35518

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35870

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

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

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36221

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ochoa, Alfonso, , Dr.,

Mailing Address 1901 W. 18th Street

City
WeslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35166

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 226 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ochoa, Alfonso, , Dr.,

Mailing Address 1901 W. 18th Street

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35519

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ochoa, Alfonso, , Dr.,

Mailing Address 1901 W. 18th Street

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35871

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ochoa, Alfonso, , Dr.,

Mailing Address 1901 W. 18th Street

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36222

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 227 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ochoa, Jessica, , Ms,

Mailing Address 1920 Treasure Oak Drive

City
Harlingen

State
TX

Zip Code
78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35872

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ochoa, Jessica, , Ms,

Mailing Address 1920 Treasure Oak Drive

City
Harlingen

State
TX

Zip Code
78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36223

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ochoa, Ricardo, , Mr.,

Mailing Address 2421 N. 'J' Street

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35168

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 228 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ochoa, Ricardo, , Mr.,

Mailing Address 2421 N. 'J' Street

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35521

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ochoa, Ricardo, , Mr.,

Mailing Address 2421 N. 'J' Street

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35873

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ochoa, Ricardo, , Mr.,

Mailing Address 2421 N. 'J' Street

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36224

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 229 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ogunlana, Victor, , Dr.,

Mailing Address 2604 Santa Teresa

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35169

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ogunlana, Victor, , Dr.,

Mailing Address 2604 Santa Teresa

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35522

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ogunlana, Victor, , Dr.,

Mailing Address 2604 Santa Teresa

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35874

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ogunlana, Victor, , Dr.,

Mailing Address 2604 Santa Teresa

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36225

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ohabor, Chioma, , Ms,

Mailing Address 6114

N. 3rd Lane

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35170

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Ohabor, Chioma, , Ms,

Mailing Address 6114

N. 3rd Lane

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

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35523

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

200.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ohabor, Chioma, , Ms,

Mailing Address 6114

N. 3rd Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35875

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ohabor, Chioma, , Ms,

Mailing Address 6114

N. 3rd Lane

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36226

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oliveira, Noel, , Dr.,

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35171

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

200.00

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)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oliveira, Noel, , Dr.,

Mailing Address 9917 Bentsen Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35524

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oliveira, Noel, , Dr.,

Mailing Address 9917 Bentsen Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35876

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oliveira, Noel, , Dr.,

Mailing Address 9917 Bentsen Road

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36227

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 233 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Orfanos, Athanaji, , Dr.,

Mailing Address 3013 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35172

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Orfanos, Athanaji, , Dr.,

Mailing Address 3013 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35525

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orfanos, Athanaji, , Dr.,

Mailing Address 3013 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35877

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

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

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

300.00

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

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

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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Orfanos, Athanaji, , Dr.,

Mailing Address 3013 Lakeshore Drive

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36228

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Orfanos, John, , Dr.,

Mailing Address 5416 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35173

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orfanos, John, , Dr.,

Mailing Address 5416 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35526

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

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

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

200.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Orfanos, John, , Dr.,

Mailing Address 5416 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35878

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Orfanos, John, , Dr.,

Mailing Address 5416 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36229

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ortiz, Juan, , ,

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35175

Amount of Each Receipt this Period

50.00

☐ Memo Item
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 236 OF 386

(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ortiz, Juan, , ,

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35528

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ortiz, Juan, , ,

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35880

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ortiz, Juan, , ,

Mailing Address 4501 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36231

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 386

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osio, Armando, , ,

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35176

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Osio, Armando, , ,

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35529

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Osio, Armando, , ,

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35881

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osio, Armando, , ,

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36232

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Osorio-Castillo, Carmen, , ,

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35177

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Osorio-Castillo, Carmen, , ,

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35530

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osorio-Castillo, Carmen, , ,

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35882

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Osorio-Castillo, Carmen, , ,

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36233

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Otero, Fernando, , ,

Mailing Address 121 E. Quamasia
#148

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35178

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Otero, Fernando, , ,

Mailing Address 121 E. Quamasia
#148

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35531

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Otero, Fernando, , ,

Mailing Address 121 E. Quamasia
#148

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35883

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Otero, Fernando, , ,

Mailing Address 121 E. Quamasia
#148

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36234

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owen, Kip, , ,

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35179

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Owen, Kip, , ,

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35532

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Owen, Kip, , ,

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35884

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owen, Kip, , ,

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36235

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Padilla, Juan, , Dr.,

Mailing Address p.o. box 3702

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35885

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Padilla, Juan, , Dr.,

Mailing Address p.o. box 3702

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36236

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palacios, Esteban, , Mr., Jr.

Mailing Address P.O. Box 3669

City
Edinburg

State
TX

Zip Code
78540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35181

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palacios, Esteban, , Mr., Jr.

Mailing Address P.O. Box 3669

City
Edinburg

State
TX

Zip Code
78540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35534

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palacios, Esteban, , Mr., Jr.

Mailing Address P.O. Box 3669

City
Edinburg

State
TX

Zip Code
78540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35886

Amount of Each Receipt this Period

50.00

☐ Memo Item
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**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palacios, Esteban, , Mr., Jr.

Mailing Address P.O. Box 3669

City
Edinburg

State
TX

Zip Code
78540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36237

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palimar, Prakash, , ,

Mailing Address 121 Canary

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35182

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palimar, Prakash, , ,

Mailing Address 121 Canary

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35535

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palimar, Prakash, , ,

Mailing Address 121 Canary

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35887

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palimar, Prakash, , ,

Mailing Address 121 Canary

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36238

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pathak, Umesh, , ,

Mailing Address 2004 Alexander Drive

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35183

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pathak, Umesh, , ,

Mailing Address 2004 Alexander Drive

City
weslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35536

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pathak, Umesh, , ,

Mailing Address 2004 Alexander Drive

City
weslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35888

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pathak, Umesh, , ,

Mailing Address 2004 Alexander Drive

City
weslacoState
TXZip Code
78596FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36239

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pean, Harold, J., Dr.,

Mailing Address 700

Brazos

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35184

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pean, Harold, J., Dr.,

Mailing Address 700

Brazos

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35537

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pean, Harold, J., Dr.,

Mailing Address 700

Brazos

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35889

Amount of Each Receipt this Period

100.00

☐ Memo Item
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**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pean, Harold, J., Dr.,

Mailing Address 700

Brazos

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36240

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pechero, Guillermo, , Dr.,

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35185

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pechero, Guillermo, , Dr.,

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35538

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pechero, Guillermo, , Dr.,

Mailing Address 2312 La Condesa

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35890

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pechero, Guillermo, , Dr.,

Mailing Address 2312 La Condesa

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36241

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Alberto, , Dr.,

Mailing Address 3716 Tigris

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35186

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pena, Alberto, , Dr.,

Mailing Address 3716 Tigris

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35539

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pena, Alberto, , Dr.,

Mailing Address 3716 Tigris

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35891

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Alberto, , Dr.,

Mailing Address 3716 Tigris

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36242

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pena, Jose, , ,

Mailing Address 100 Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35187

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pena, Jose, , ,

Mailing Address 100 Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35540

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Jose, , ,

Mailing Address 100 Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35892

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pena, Jose, , ,

Mailing Address 100 Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36243

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pena, Juan, , ,

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35188

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Juan, , ,

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35541

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pena, Juan, , ,

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35893

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pena, Juan, , ,

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36244

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Raul, , Dr.,

Mailing Address 3500 San Clemente

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35189

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pena, Raul, , Dr.,

Mailing Address 3500 San Clemente

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35542

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pena, Raul, , Dr.,

Mailing Address 3500 San Clemente

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35894

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pena, Raul, , Dr.,

Mailing Address 3500 San Clemente

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36245

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Penalo, Pedro, , Dr.,

Mailing Address 906 S. Bridge

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35190

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Penalo, Pedro, , Dr.,

Mailing Address 906 S. Bridge

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35543

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Penalo, Pedro, , Dr.,

Mailing Address 906 S. Bridge

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35895

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Penalo, Pedro, , Dr.,

Mailing Address 906 S. Bridge

City
Weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
09 / 16 / 2016

Transaction ID : SA11Al.36246

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pereira, Nicholas, , Dr.,

Mailing Address 7005 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35191

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pereira, Nicholas, , Dr.,

Mailing Address 7005 North Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35544

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pereira, Nicholas, , Dr.,

Mailing Address 7005 North Cynthia

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35896

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pereira, Nicholas, , Dr.,

Mailing Address 7005 North Cynthia

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36247

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Ernie, , ,

Mailing Address P.O. Box 5360

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36248

Amount of Each Receipt this Period

15.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

215.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez, Florencia, , Dr.,

Mailing Address 4600 Victoria

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35193

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perez, Florencia, , Dr.,

Mailing Address 4600 Victoria

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35546

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Florencia, , Dr.,

Mailing Address 4600 Victoria

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35898

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez, Florencia, , Dr.,

Mailing Address 4600 Victoria

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36249

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perez, Francisco, , Dr.,

Mailing Address 4726 S. Jackson

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35194

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Francisco, , Dr.,

Mailing Address 4726 S. Jackson

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35547

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez, Francisco, , Dr.,

Mailing Address 4726 S. Jackson

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35899

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perez, Francisco, , Dr.,

Mailing Address 4726 S. Jackson

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36250

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Guillermo, , Dr.,

Mailing Address 7333

N. 4th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35195

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez, Guillermo, , Dr.,

Mailing Address 7333

N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35548

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perez, Guillermo, , Dr.,

Mailing Address 7333

N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35900

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Guillermo, , Dr.,

Mailing Address 7333

N. 4th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36251

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez-Young, Irene, , Dr.,

Mailing Address 109 N. Nueces Park Lane

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35196

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perez-Young, Irene, , Dr.,

Mailing Address 109 N. Nueces Park Lane

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35549

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez-Young, Irene, , Dr.,

Mailing Address 109 N. Nueces Park Lane

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35901

Amount of Each Receipt this Period

50.00

☐ Memo Item
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**

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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez-Young, Irene, , Dr.,

Mailing Address 109 N. Nueces Park Lane

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36252

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pierson, Claudia, , ,

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35197

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pierson, Claudia, , ,

Mailing Address 6912 N. Peking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35550

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 264 OF 386
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pierson, Claudia, , ,

Mailing Address 6912 N. Peking

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Transaction ID : SA11AI.35902

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pierson, Claudia, , ,

Mailing Address 6912 N. Peking

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

Transaction ID : SA11AI.36253

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pina, Francisco, , Mr.,

Mailing Address 129 E. Jones

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Transaction ID : SA11AI.35903

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution
SUBTOTAL of Receipts This Page (optional)..... ►

825.00

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 265 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pina, Francisco, , Mr.,

Mailing Address 129 E. Jones

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36254

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pope, Bill, , Dr.,

Mailing Address 5600 North 5th Street

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35199

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pope, Bill, , Dr.,

Mailing Address 5600 North 5th Street

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35552

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pope, Bill, , Dr.,

Mailing Address 5600 North 5th Street

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35904

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pope, Bill, , Dr.,

Mailing Address 5600 North 5th Street

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36255

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porras, Jessica, , Ms,

Mailing Address 5128 North 10th Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35905

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Porras, Jessica, , Ms,

Mailing Address 5128 North 10th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36256

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Preciado, Sergio, , ,

Mailing Address 521 E. Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35201

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Preciado, Sergio, , ,

Mailing Address 521 E. Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35554

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Preciado, Sergio, , ,

Mailing Address 521 E. Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35906

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Preciado, Sergio, , ,

Mailing Address 521 E. Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36257

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Prieto-Harris, Robert, , Dr.,

Mailing Address 7516 N. 3rd

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35202

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prieto-Harris, Robert, , Dr.,

Mailing Address 7516 N. 3rd

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35555

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prieto-Harris, Robert, , Dr.,

Mailing Address 7516 N. 3rd

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35907

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Prieto-Harris, Robert, , Dr.,

Mailing Address 7516 N. 3rd

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36258

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Puente, Rosalba, E., Ms,

Mailing Address 1701 N. Ebony

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35908

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Puente, Rosalba, E., Ms,

Mailing Address 1701 N. Ebony

City
PharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36259

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Quach, Tin, , Dr.,

Mailing Address 100 E. Zenaida

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

271.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35204

Amount of Each Receipt this Period

25.85

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

75.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Quach, Tin, , Dr.,

Mailing Address 100 E. Zenaida

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35557

Amount of Each Receipt this Period

25.85

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quach, Tin, , Dr.,

Mailing Address 100 E. Zenaida

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35909

Amount of Each Receipt this Period

25.85

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Quach, Tin, , Dr.,

Mailing Address 100 E. Zenaida

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

349.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36260

Amount of Each Receipt this Period

25.85

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

77.55

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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(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Quinteros, Maria, , Dr.,

Mailing Address 702 South 1st Lane

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35205

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quinteros, Maria, , Dr.,

Mailing Address 702 South 1st Lane

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35558

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Quinteros, Maria, , Dr.,

Mailing Address 702 South 1st Lane

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35910

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Quinteros, Maria, , Dr.,

Mailing Address 702 South 1st Lane

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36261

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rafols, Rafael, , Dr.,

Mailing Address 3113

Capri Court

City

Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35911

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rafols, Rafael, , Dr.,

Mailing Address 3113

Capri Court

City

Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36262

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramirez, Ernesto, , Dr.,

Mailing Address P.O.Box 720298

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35207

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramirez, Ernesto, , Dr.,

Mailing Address P.O.Box 720298

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35560

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramirez, Ernesto, , Dr.,

Mailing Address P.O.Box 720298

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35912

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramirez, Ernesto, , Dr.,

Mailing Address P.O.Box 720298

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36263

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramirez, Samuel, , Dr.,

Mailing Address 5201 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35208

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramirez, Samuel, , Dr.,

Mailing Address 5201 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35561

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramirez, Samuel, , Dr.,

Mailing Address 5201 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35913

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramirez, Samuel, , Dr.,

Mailing Address 5201 N. 10th

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36264

Amount of Each Receipt this Period

40.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramirez, Sergio, , ,

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35209

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramirez, Sergio, , ,

Mailing Address 1608 Woods Drive

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35562

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramirez, Sergio, , ,

Mailing Address 1608 Woods Drive

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35914

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramirez, Sergio, , ,

Mailing Address 1608 Woods Drive

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36265

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramos, Gustavo, , ,

Mailing Address 1301 S. Perking

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35210

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramos, Gustavo, , ,

Mailing Address 1301 S. Perking

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35563

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramos, Gustavo, , ,

Mailing Address 1301 S. Perking

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35915

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramos, Gustavo, , ,

Mailing Address 1301 S. Perking

City
mcallenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36266

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramos, Keith, , Dr.,

Mailing Address P.O. Box 4412

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35211

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramos, Keith, , Dr.,

Mailing Address P.O. Box 4412

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35564

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramos, Keith, , Dr.,

Mailing Address P.O. Box 4412

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35916

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramos, Keith, , Dr.,

Mailing Address P.O. Box 4412

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36267

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rangel, Mario, , Mr.,

Mailing Address 3213 Lance Lot Lane

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35918

Amount of Each Receipt this Period

25.00

☐ Memo Item
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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rangel, Mario, , Mr.,

Mailing Address 3213 Lance Lot Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36269

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rangel, Soraya, , Ms,

Mailing Address 2010 S. Cynthia Ste 110

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35919

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rangel, Soraya, , Ms,

Mailing Address 2010 S. Cynthia Ste 110

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36270

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reddy, R.V., , ,

Mailing Address 1500 Southland Drive

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35215

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reddy, R.V., , ,

Mailing Address 1500 Southland Drive

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35568

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reddy, R.V., , ,

Mailing Address 1500 Southland Drive

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35920

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reddy, R.V., , ,

Mailing Address 1500 Southland Drive

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36271

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reddy, Vangala, , ,

Mailing Address 605 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11Al.35216

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reddy, Vangala, , ,

Mailing Address 605 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35569

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reddy, Vangala, , ,

Mailing Address 605 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35921

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reddy, Vangala, , ,

Mailing Address 605 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36272

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reinoso, Manuel, , Dr.,

Mailing Address 1400 E Ridge suite 7

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35922

Amount of Each Receipt this Period

25.00

☐ Memo Item
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)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reinoso, Manuel, , Dr.,

Mailing Address 1400 E Ridge suite 7

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36273

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Restrepo, William, , ,

Mailing Address 1117 S. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35218

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Restrepo, William, , ,

Mailing Address 1117 S. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35571

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Restrepo, William, , ,

Mailing Address 1117 S. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35923

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Restrepo, William, , ,

Mailing Address 1117 S. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36274

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reyes, Anna, , Dr.,

Mailing Address 320 North 7th Street

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35219

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reyes, Anna, , Dr.,

Mailing Address 320 North 7th Street

City
McAllenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35572

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reyes, Anna, , Dr.,

Mailing Address 320 North 7th Street

City
McAllenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35924

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reyes, Anna, , Dr.,

Mailing Address 320 North 7th Street

City
McAllenState
TXZip Code
78501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36275

Amount of Each Receipt this Period

50.00

☐ Memo Item
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**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ringheanu, Mihaela, , Dr.,

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35220

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ringheanu, Mihaela, , Dr.,

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35573

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ringheanu, Mihaela, , Dr.,

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35925

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ringheanu, Mihaela, , Dr.,

Mailing Address 3214

Banyan Circle

City
Harlingen

State
TX

Zip Code
78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36276

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rivas, Homero, , ,

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35221

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rivas, Homero, , ,

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35574

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rivas, Homero, , ,

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35926

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rivas, Homero, , ,

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36277

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robalino, Benjamin, , ,

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35222

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robalino, Benjamin, , ,

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35575

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robalino, Benjamin, , ,

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35927

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robalino, Benjamin, , ,

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36278

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rocha, Martin, , Mr.,

Mailing Address P.O. Box 662

City
Santa Rosa

State
TX

Zip Code
78593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35223

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rocha, Martin, , Mr.,

Mailing Address P.O. Box 662

City
Santa Rosa

State
TX

Zip Code
78593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35576

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rocha, Martin, , Mr.,

Mailing Address P.O. Box 662

City
Santa Rosa

State
TX

Zip Code
78593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35928

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rocha, Martin, , Mr.,

Mailing Address P.O. Box 662

City
Santa Rosa

State
TX

Zip Code
78593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36279

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Ofelia, , Dr.,

Mailing Address 112 E. Xenops

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35226

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rodriguez, Ofelia, , Dr.,

Mailing Address 112 E. Xenops

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35579

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rodriguez, Ofelia, , Dr.,

Mailing Address 112 E. Xenops

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35931

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Ofelia, , Dr.,

Mailing Address 112 E. Xenops

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36282

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rodriquez, Edgar, , Dr.,

Mailing Address 815 Crown Circle

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35228

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rodriguez, Edgar, , Dr.,

Mailing Address 815 Crown Circle

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35581

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Edgar, , Dr.,

Mailing Address 815 Crown Circle

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35933

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rodriguez, Edgar, , Dr.,

Mailing Address 815 Crown Circle

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36284

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ruiz, Henry, E., Dr.,

Mailing Address 208 W. Pelician

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35230

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruiz, Henry, E., Dr.,

Mailing Address 208 W. Pelician

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35583

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruiz, Henry, E., Dr.,

Mailing Address 208 W. Pelician

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35936

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ruiz, Henry, E., Dr.,

Mailing Address 208 W. Pelician

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36286

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruiz, Robert, , Dr.,

Mailing Address 2524 James

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35231

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ruiz, Robert, , Dr.,

Mailing Address 2524 James

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35656

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saca, Paulette, , ,

Mailing Address 109 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35233

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Saca, Paulette, , ,

Mailing Address 109 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35585

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saca, Paulette, , ,

Mailing Address 109 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35939

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saca, Paulette, , ,

Mailing Address 109 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36288

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Saenz, Javier, , ,

Mailing Address 2308 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35234

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saenz, Javier, , ,

Mailing Address 2308 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35586

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saenz, Javier, , ,

Mailing Address 2308 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35940

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Saenz, Javier, , ,

Mailing Address 2308 Monaco Drive

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36289

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saenz, Jessica, , Ms,

Mailing Address 2608

Swallow Ave

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36290

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saenz, JJ, , ,

Mailing Address 2400 S.E. Augusta Square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35236

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Saenz, JJ, , ,

Mailing Address 2400 S.E. Augusta Square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35588

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saenz, JJ, , ,

Mailing Address 2400 S.E. Augusta Square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35942

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saenz, JJ, , ,

Mailing Address 2400 S.E. Augusta Square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36291

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Safir, Larry, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35237

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Safir, Larry, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35589

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Safir, Larry, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35943

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Safir, Larry, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36292

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salazar, Juan, , ,

Mailing Address 801 E Nolana Loop

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35238

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salazar, Juan, , ,

Mailing Address 801 E Nolana Loop

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35590

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salazar, Juan, , ,

Mailing Address 801 E Nolana Loop

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35944

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salazar, Juan, , ,

Mailing Address 801 E Nolana Loop

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36293

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salcedo, Leonardo, , Dr.,

Mailing Address 5409 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35239

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salcedo, Leonardo, , Dr.,

Mailing Address 5409 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35591

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salcedo, Leonardo, , Dr.,

Mailing Address 5409 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35945

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salcedo, Leonardo, , Dr.,

Mailing Address 5409 N. 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36294

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salinas, Benjamin, , Dr.,

Mailing Address 801 W. 2th

City
MercedesState
TXZip Code
78578FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35240

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salinas, Benjamin, , Dr.,

Mailing Address 801 W. 2th

City
MercedesState
TXZip Code
78578FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35592

Amount of Each Receipt this Period

100.00

☐ Memo Item
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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salinas, Benjamin, , Dr.,

Mailing Address 801 W. 2th

City
Mercedes

State
TX

Zip Code
78578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35946

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salinas, Benjamin, , Dr.,

Mailing Address 801 W. 2th

City
Mercedes

State
TX

Zip Code
78578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36295

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salinas, Mariano, , Dr.,

Mailing Address 2203 Red River

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35241

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salinas, Mariano, , Dr.,

Mailing Address 2203 Red River

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35593

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salinas, Mariano, , Dr.,

Mailing Address 2203 Red River

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35947

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salinas, Mariano, , Dr.,

Mailing Address 2203 Red River

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36296

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanchez, Elisa, Garza, ,

Mailing Address 3509

N. Glasscock

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35242

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanchez, Elisa, Garza, ,

Mailing Address 3509

N. Glasscock

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35594

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sanchez, Elisa, Garza, ,

Mailing Address 3509

N. Glasscock

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35948

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanchez, Elisa, Garza, ,

Mailing Address 3509

N. Glasscock

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36297

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanchez, Manuel, , ,

Mailing Address 2804 Santa Lydia

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35243

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sanchez, Manuel, , ,

Mailing Address 2804 Santa Lydia

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35595

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanchez, Manuel, , ,

Mailing Address 2804 Santa Lydia

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35949

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanchez, Manuel, , ,

Mailing Address 2804 Santa Lydia

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36298

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sandoval, Oscar, , Mr.,

Mailing Address 8727 N. Campana Lane

City
Edcouch

State
TX

Zip Code
78538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35951

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sandoval, Oscar, , Mr.,

Mailing Address 8727 N. Campana Lane

City
Edcouch

State
TX

Zip Code
78538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36300

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santoy, Elena, , Ms,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35245

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santoy, Elena, , Ms,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35598

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santoy, Elena, , Ms,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35952

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santoy, Elena, , Ms,

Mailing Address 416 N. 17th Street

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36301

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Seas, Manuel, , Dr.,

Mailing Address 5714 N. 6th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35246

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seas, Manuel, , Dr.,

Mailing Address 5714 N. 6th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35599

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Seas, Manuel, , Dr.,

Mailing Address 5714 N. 6th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35953

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Seas, Manuel, , Dr.,

Mailing Address 5714 N. 6th Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36302

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Serna, Samuel, , Dr.,

Mailing Address 125 E. Cornell

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35247

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Serna, Samuel, , Dr.,

Mailing Address 125 E. Cornell

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35600

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Serna, Samuel, , Dr.,

Mailing Address 125 E. Cornell

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35954

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Serna, Samuel, , Dr.,

Mailing Address 125 E. Cornell

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36303

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shan, Pankajkumar, , Dr.,

Mailing Address 2300 Solera Drive

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35248

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Shan, Pankajkumar, , Dr.,

Mailing Address 2300 Solera Drive

City
MissionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35601

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shan, Pankajkumar, , Dr.,

Mailing Address 2300 Solera Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35955

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shan, Pankajkumar, , Dr.,

Mailing Address 2300 Solera Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36304

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shuaib, Tawhid, , ,

Mailing Address 4000 Burns Drive

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35249

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shuaib, Tawhid, , ,

Mailing Address 4000 Burns Drive

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35602

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shuaib, Tawhid, , ,

Mailing Address 4000 Burns Drive

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35956

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shuaib, Tawhid, , ,

Mailing Address 4000 Burns Drive

City
mcallenState
TXZip Code
78503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36305

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Siberman, Herschel, , Dr.,

Mailing Address 609 Tulip

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35250

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Siberman, Herschel, , Dr.,

Mailing Address 609 Tulip

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35603

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Siberman, Herschel, , Dr.,

Mailing Address 609 Tulip

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35957

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Siberman, Herschel, , Dr.,

Mailing Address 609 Tulip

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36306

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Singh, Marish, , Dr.,

Mailing Address 3521 South M Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35252

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Singh, Marish, , Dr.,

Mailing Address 3521 South M Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35605

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Singh, Marish, , Dr.,

Mailing Address 3521 South M Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35959

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Singh, Marish, , Dr.,

Mailing Address 3521 South M Street

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36308

Amount of Each Receipt this Period

30.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Slavin, Dennis, , ,

Mailing Address 1501 S. Oklahoma

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35253

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Slavin, Dennis, , ,

Mailing Address 1501 S. Oklahoma

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35606

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Slavin, Dennis, , ,

Mailing Address 1501 S. Oklahoma

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35960

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Slavin, Dennis, , ,

Mailing Address 1501 S. Oklahoma

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36309

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Solis, Hilda, , ,

Mailing Address P.O.Box 3302

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35961

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Solis, Hilda, , ,

Mailing Address P.O.Box 3302

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36310

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Solis, Joel, , ,

Mailing Address 405 E. Avocet

City
McAllen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35255

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Solis, Joel, , ,

Mailing Address 405 E. Avocet

City
Mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35608

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Solis, Joel, , ,

Mailing Address 405 E. Avocet

City
Mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35962

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Solis, Joel, , ,

Mailing Address 405 E. Avocet

City
Mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36311

Amount of Each Receipt this Period

150.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soto, Hector, , Dr.,

Mailing Address 101 South Greenbriar

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35256

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Soto, Hector, , Dr.,

Mailing Address 101 South Greenbriar

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35609

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soto, Hector, , Dr.,

Mailing Address 101 South Greenbriar

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35963

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soto, Hector, , Dr.,

Mailing Address 101 South Greenbriar

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36312

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sreenivas, Nanjappa, , Dr.,

Mailing Address 2610 Emerald Lake Drive

City
Harlingen

State
TX

Zip Code
78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35965

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sreenivas, Nanjappa, , Dr.,

Mailing Address 2610 Emerald Lake Drive

City
Harlingen

State
TX

Zip Code
78550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.36314

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sustaita, Raul, , Mr.,

Mailing Address 1602 Scobey

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35966

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sustaita, Raul, , Mr.,

Mailing Address 1602 Scobey

City
Donna

State
TX

Zip Code
78537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36315

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swarup, Jyothi, , Dr.,

Mailing Address 8109 N. 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35260

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swarup, Jyothi, , Dr.,

Mailing Address 8109 N. 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35613

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swarup, Jyothi, , Dr.,

Mailing Address 8109 N. 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11Al.35967

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swarup, Jyothi, , Dr.,

Mailing Address 8109 N. 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36316

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sy, Wilson, , Dr.,

Mailing Address 6724 N.Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35968

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sy, Wilson, , Dr.,

Mailing Address 6724 N.Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36317

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tehran, Norma, , Ms,

Mailing Address 1616 Oaks Road

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35969

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tehran, Norma, , Ms,

Mailing Address 1616 Oaks Road

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36318

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tey, Alejandro, , ,

Mailing Address 3012 Laurie Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35263

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tey, Alejandro, , ,

Mailing Address 3012 Laurie Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35616

Amount of Each Receipt this Period

250.00

☐ Memo Item
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**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tey, Alejandro, , ,

Mailing Address 3012 Laurie Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35970

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tey, Alejandro, , ,

Mailing Address 3012 Laurie Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36319

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tiu, Jimmy, , Dr.,

Mailing Address 7700 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35972

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 332 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tiu, Jimmy, , Dr.,

Mailing Address 7700 N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36321

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trejo, Jose, , ,

Mailing Address 112 S. Broadway

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35266

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Trejo, Jose, , ,

Mailing Address 112 S. Broadway

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35619

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Trejo, Jose, , ,

Mailing Address 112 S. Broadway

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11AI.35973

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trejo, Jose, , ,

Mailing Address 112 S. Broadway

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 16 / 2016

Transaction ID : SA11AI.36322

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turlapati, Krishna, , Dr.,

Mailing Address 9123 1st Street

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 07 / 2016

Transaction ID : SA11AI.35268

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turlapati, Krishna, , Dr.,

Mailing Address 9123 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : SA11Al.35621

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Turlapati, Krishna, , Dr.,

Mailing Address 9123 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

Transaction ID : SA11Al.35975

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turlapati, Krishna, , Dr.,

Mailing Address 9123 1st Street

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11Al.36325

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution
SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 386

(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turley, Susan, , ,

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35269

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Turley, Susan, , ,

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35622

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turley, Susan, , ,

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35976

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turley, Susan, , ,

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36326

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Twahirwa, Marcel, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35270

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Twahirwa, Marcel, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35623

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Twahirwa, Marcel, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35977

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Twahirwa, Marcel, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36327

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Uribe, Lourdes, , ,

Mailing Address 801 E. Nolana

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35271

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Uribe, Lourdes, , ,

Mailing Address 801 E. Nolana

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35624

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uribe, Lourdes, , ,

Mailing Address 801 E. Nolana

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35978

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Uribe, Lourdes, , ,

Mailing Address 801 E. Nolana

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36328

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Valladares, Theresa, , Dr.,

Mailing Address 2302 Red River Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35272

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Valladares, Theresa, , Dr.,

Mailing Address 2302 Red River Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35625

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Valladares, Theresa, , Dr.,

Mailing Address 2302 Red River Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35979

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Valladares, Theresa, , Dr.,

Mailing Address 2302 Red River Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36329

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vasquez, Jose, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35101

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vasquez, Jose, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35626

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 386

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vasquez, Jose, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35980

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vasquez, Jose, , ,

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36330

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Veeramachaneni, Ravindra, , Dr.,

Mailing Address 4404 Santa Fabiola

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35981

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 OF 386

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Veeramachaneni, Ravindra, , Dr.,

Mailing Address 4404 Santa Fabiola

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36331

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vela, Efraim, , Dr.,

Mailing Address 100 E. Ridge Road #B

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35276

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vela, Efraim, , Dr.,

Mailing Address 100 E. Ridge Road #B

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35629

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vela, Efraim, , Dr.,

Mailing Address 100 E. Ridge Road #B

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35983

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vela, Efraim, , Dr.,

Mailing Address 100 E. Ridge Road #B

City
McAllen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36333

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Verdoreen, Ramiro, , ,

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35279

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Verdoreen, Ramiro, , ,

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35632

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Verdoreen, Ramiro, , ,

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35986

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Verdoreen, Ramiro, , ,

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11AI.36336

Amount of Each Receipt this Period

200.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villalta, Carlos, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35281

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villalta, Carlos, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35634

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Villalta, Carlos, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35988

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villalta, Carlos, , ,

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 (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36338

Amount of Each Receipt this Period

125.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villanueva, Rita, , ,

Mailing Address 801 E. Nolana
Suite 4

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35282

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Villanueva, Rita, , ,

Mailing Address 801 E. Nolana
Suite 4

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35635

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villanueva, Rita, , ,

Mailing Address 801 E. Nolana
Suite 4

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35989

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villanueva, Rita, , ,

Mailing Address 801 E. Nolana
Suite 4

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36339

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Villarreal, Carlos, , ,

Mailing Address 24275 FM 490

City
edinburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35990

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villarreal, Carlos, , ,

Mailing Address 24275 FM 490

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36340

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villarreal, Victor, , ,

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35284

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Villarreal, Victor, , ,

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35637

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

205.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villarreal, Victor, , ,

Mailing Address 901 W. Moore

City
pharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35991

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villarreal, Victor, , ,

Mailing Address 901 W. Moore

City
pharrState
TXZip Code
78577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36341

Amount of Each Receipt this Period

90.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Viswamitra, Saroja, , ,

Mailing Address 101 Condor

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35285

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

580.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Viswamitra, Saroja, , ,

Mailing Address 101 Condor

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35638

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Viswamitra, Saroja, , ,

Mailing Address 101 Condor

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35992

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Viswamitra, Saroja, , ,

Mailing Address 101 Condor

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36342

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vitko, Roger, , ,

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35286

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vitko, Roger, , ,

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35639

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vitko, Roger, , ,

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35993

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vitko, Roger, , ,

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36343

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, Raymond, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35287

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, Raymond, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35640

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Raymond, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.35994

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, Raymond, , ,

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 (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36344

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Webb, James, , ,

Mailing Address 312 Redbud

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35288

Amount of Each Receipt this Period

62.50

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

562.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Webb, James, , ,

Mailing Address 312 Redbud

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35641

Amount of Each Receipt this Period

62.50

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Webb, James, , ,

Mailing Address 312 Redbud

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35995

Amount of Each Receipt this Period

62.50

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Webb, James, , ,

Mailing Address 312 Redbud

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36345

Amount of Each Receipt this Period

62.50

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

187.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilcox, Patrick, , ,

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35289

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilcox, Patrick, , ,

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35642

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilcox, Patrick, , ,

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35996

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilcox, Patrick, , ,

Mailing Address 111 Rio Grande

City
missionState
TXZip Code
78572FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11Al.36346

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Teresa, , Ms,

Mailing Address 1520 Xanthisma

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35291

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilson, Teresa, , Ms,

Mailing Address 1520 Xanthisma

City
McAllenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employeeOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11Al.35644

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, Teresa, , Ms,

Mailing Address 1520 Xanthisma

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.35998

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Teresa, , Ms,

Mailing Address 1520 Xanthisma

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employee

Occupation (for Individual)
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36348

Amount of Each Receipt this Period

50.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yanez, Sandra, , Ms,

Mailing Address 106 S. Alton Blvd

City
Alton

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.36001

Amount of Each Receipt this Period

25.00

☐ Memo Item
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
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yanez, Sandra, , Ms,

Mailing Address 106 S. Alton Blvd

City
Alton

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
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 Y
09 / 16 / 2016

Transaction ID : SA11Al.36351

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yarra, Subbarao, , ,

Mailing Address 6905

N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
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 Y
07 / 07 / 2016

Transaction ID : SA11Al.35295

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yarra, Subbarao, , ,

Mailing Address 6905

N. Cynthia

City
McAllen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11Al.35648

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yarra, Subbarao, , ,

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.36002

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yarra, Subbarao, , ,

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36352

Amount of Each Receipt this Period

100.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zaleski, Christopher, , Dr.,

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

selfemployed

Occupation (for Individual)

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 Y
07 / 07 / 2016

Transaction ID : SA11AI.35296

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zaleski, Christopher, , Dr.,

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
07 / 15 / 2016

Transaction ID : SA11AI.35649

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zaleski, Christopher, , Dr.,

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
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 Y
08 / 15 / 2016

Transaction ID : SA11AI.36003

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zaleski, Christopher, , Dr.,

Mailing Address 6804 N. 1st

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36353

Amount of Each Receipt this Period

250.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zapata, Hugo, , ,

Mailing Address 316 Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35297

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zapata, Hugo, , ,

Mailing Address 316 Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35650

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zapata, Hugo, , ,

Mailing Address 316 Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.36004

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zapata, Hugo, , ,

Mailing Address 316 Xenops

City
mcallenState
TXZip Code
78504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36354

Amount of Each Receipt this Period

400.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zavala-Spinetti, Livanía, , Dr.,

Mailing Address 109 E Cornell

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.36005

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Zavala-Spinetti, Livanía, , Dr.,

Mailing Address 109 E Cornell

City
McAllenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployedOccupation (for Individual)
self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36355

Amount of Each Receipt this Period

25.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zayed, Fuad, , Dr.,

Mailing Address 1425 Sweet Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2016

Transaction ID : SA11AI.35299

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zayed, Fuad, , Dr.,

Mailing Address 1425 Sweet Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2016

Transaction ID : SA11AI.35652

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zayed, Fuad, , Dr.,

Mailing Address 1425 Sweet Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : SA11AI.36006

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 OF 386

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zayed, Fuad, , Dr.,

Mailing Address 1425 Sweet Lane

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfemployed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA11AI.36356

Amount of Each Receipt this Period

75.00

☐ Memo Item
contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

183609.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Boys & Girls Club of McAllen

Mailing Address P.O. Box 577

City
McAllenState
TXZip Code
78505Purpose of Disbursement
donation

012

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36416

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Escamilla, Sandra, , Ms,

Mailing Address 1418 Quince

City
McAllenState
TXZip Code
78504Purpose of Disbursement
contract services - salary expenditure

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36371

Amount of Each Disbursement this Period

713.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Escamilla, Sandra, , Ms,

Mailing Address 1418 Quince

City
McAllenState
TXZip Code
78504Purpose of Disbursement
contract services - salary expenditure

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36372

Amount of Each Disbursement this Period

713.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8926.55

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Escamilla, Sandra, , Ms,

Mailing Address 1418 Quince

City
McAllenState
TXZip Code
78504Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36373

Amount of Each Disbursement this Period

713.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Escamilla, Sandra, , Ms,

Mailing Address 1418 Quince

City
McAllenState
TXZip Code
78504Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36374

Amount of Each Disbursement this Period

713.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Escamilla, Sandra, , Ms,

Mailing Address 1418 Quince

City
McAllenState
TXZip Code
78504Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36375

Amount of Each Disbursement this Period

713.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2139.82

TOTAL This Period (last page this line number only)..... ►

X	21b		22		23		26		27
	28a		28b		28c		29		30b

BORDER HEALTH FEDERAL PAC

713.29

MM / DD / YYYY

713.27

805.93

2232.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 368 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gonzales-Leal, Nicole, , ,

Mailing Address 2401 W. Rhin Drive

City
EdinburgState
TXZip Code
78539Purpose of Disbursement
contract services - salary expenditures

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	2		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.36379**

Amount of Each Disbursement this Period

805.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gonzales-Leal, Nicole, , ,

Mailing Address 2401 W. Rhin Drive

City
EdinburgState
TXZip Code
78539Purpose of Disbursement
contract services - salary expenditures

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	5		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.36380**

Amount of Each Disbursement this Period

805.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gonzales-Leal, Nicole, , ,

Mailing Address 2401 W. Rhin Drive

City
EdinburgState
TXZip Code
78539Purpose of Disbursement
contract services - salary expenditures

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	9		2	0	1	6		

FEC Identification Number

C**Transaction ID : SB21B.36381**

Amount of Each Disbursement this Period

805.93

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2417.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gonzales-Leal, Nicole, , ,

Mailing Address 2401 W. Rhin Drive

City
EdinburgState
TXZip Code
78539Purpose of Disbursement
contract services - salary expenditures

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.36382**

Amount of Each Disbursement this Period

 805.92☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gonzales-Leal, Nicole, , ,

Mailing Address 2401 W. Rhin Drive

City
EdinburgState
TXZip Code
78539Purpose of Disbursement
contract services - salary expenditures

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	6		2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.36383**

Amount of Each Disbursement this Period

 805.94☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gonzales-Leal, Nicole, , ,

Mailing Address 2401 W. Rhin Drive

City
EdinburgState
TXZip Code
78539Purpose of Disbursement
contract services - salary expenditures

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C **Transaction ID : SB21B.36384**

Amount of Each Disbursement this Period

 805.92☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 2417.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 370 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City
OdgenState
UTZip Code
84401Purpose of Disbursement
quarterly tax deposits - IRS

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36370

Amount of Each Disbursement this Period

7496.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City
OdgenState
UTZip Code
84401Purpose of Disbursement
quarterly tax deposits - IRS

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36401

Amount of Each Disbursement this Period

93.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City
OdgenState
UTZip Code
84401Purpose of Disbursement
quarterly tax deposits - IRS

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36402

Amount of Each Disbursement this Period

70.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7660.51

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 PageFOR LINE NUMBER:
(check only one)

PAGE 371 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2016

FEC Identification Number

C **Transaction ID : SB21B.36385**

Amount of Each Disbursement this Period

 1368.82☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2016

FEC Identification Number

C **Transaction ID : SB21B.36386**

Amount of Each Disbursement this Period

 1368.83☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2016

FEC Identification Number

C **Transaction ID : SB21B.36387**

Amount of Each Disbursement this Period

 1368.83☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 4106.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 372 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36388

Amount of Each Disbursement this Period

1368.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36389

Amount of Each Disbursement this Period

1368.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36390

Amount of Each Disbursement this Period

1368.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4106.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 373 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jasso, Prisylla, , Ms,

Mailing Address 213 Quail Court

City
McAllenState
TXZip Code
78502Purpose of Disbursement
contract services - salary expenditure

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36391

Amount of Each Disbursement this Period

1368.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	8		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36392

Amount of Each Disbursement this Period

16.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36393

Amount of Each Disbursement this Period

16.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1401.31

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 PageFOR LINE NUMBER:
(check only one)

PAGE 374 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2016

FEC Identification Number

C

Transaction ID : SB21B.36394

Amount of Each Disbursement this Period

16.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

FEC Identification Number

C

Transaction ID : SB21B.36395

Amount of Each Disbursement this Period

16.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

FEC Identification Number

C

Transaction ID : SB21B.36396

Amount of Each Disbursement this Period

29.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

61.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 375 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36397

Amount of Each Disbursement this Period

 16.24☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36398

Amount of Each Disbursement this Period

 22.24☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TBK

Mailing Address 2603 Augusta Drive Suite 500

City
HoustonState
TXZip Code
77057Purpose of Disbursement
contract services - tax returns

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.36403

Amount of Each Disbursement this Period

 595.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 633.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 376 OF 386

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Water Tower Village

Mailing Address 52211 N. McColl Road

City
McAllenState
TXZip Code
78504Purpose of Disbursement
office lease expenditure

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	2				2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.36399

Amount of Each Disbursement this Period

1331.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Water Tower Village

Mailing Address 52211 N. McColl Road

City
McAllenState
TXZip Code
78504Purpose of Disbursement
office lease expenditure

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	9				2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.36400

Amount of Each Disbursement this Period

1331.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2662.50

TOTAL This Period (last page this line number only)..... ►

38766.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 377 OF 386

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. BFB PACMailing Address 499 S. CAPITOL STREET, SW
SUITE 422City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00584805

Transaction ID : SB23.36418

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BOYLE, BRENDAN F, , ,

Mailing Address PO BOX 11545

City
PHILADELPHIAState
PAZip Code
19116Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

BOYLE, BRENDAN F, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C H4PA13199

Transaction ID : SB23.36420

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLEAVER, EMANUEL II, , ,

Mailing Address 8217 E GREGORY BLVD

City
KANSAS CITYState
MOZip Code
64133Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

CLEAVER, EMANUEL II, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	6		

FEC Identification Number

C H4MO05234

Transaction ID : SB23.36413

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.36413

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 379 OF 386

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CLEAVER, EMANUEL II, , ,

Mailing Address 8217 E GREGORY BLVD

City
KANSAS CITYState
MOZip Code
64133Purpose of Disbursement
contribution

011

Candidate Name

CLEAVER, EMANUEL II, , ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: MO

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

C H4MO05234**Transaction ID : SB23.36411**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEFENSE, ECONOMIC RENEWAL, EDUCATION AND KNOWLEDGE PACMailing Address 119 1ST AVE S
SUITE 320City
SEATTLEState
WAZip Code
98104Purpose of Disbursement
contribution

011

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

C C00531632**Transaction ID : SB23.36422**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREAT LAKES PACMailing Address 700 13TH STREET NW
SUITE 600City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
contribution

011

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

C C00375584**Transaction ID : SB23.36417**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.36411

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 381 OF 386

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. KILMER, DEREK, , ,

Mailing Address PO BOX 1381

City
TACOMAState
WAZip Code
98402Purpose of Disbursement
contribution

011

Candidate Name

KILMER, DEREK, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

C H2WA06129**Transaction ID : SB23.36421**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LATINO LEADERS FOR EQUALITY GROWTH OPPORTUNITY PROGRESSIVE ACTION & CHANGE (LLEGO-PAC)

Mailing Address 1050 17TH ST NW STE 590

City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C C00576975**Transaction ID : SB23.36425**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MOULTON, SETH, , ,

Mailing Address PO BOX 2013

City
SALEMState
MAZip Code
09170Purpose of Disbursement
contribution

011

Candidate Name

MOULTON, SETH, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

C H4MA06090**Transaction ID : SB23.36423**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.36423

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 383 OF 386

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. READY TO WORK PAC

Mailing Address 4412 ALMEDA ROAD

City
HOUSTONState
TXZip Code
77004Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	1	6		

FEC Identification Number

C C00613018

Transaction ID : SB23.36410

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SERVE AMERICA PAC

Mailing Address PO BOX 2013

City
SALEMState
MAZip Code
01970Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00571174

Transaction ID : SB23.36424

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STABENOW, DEBBIE, , ,

Mailing Address 7143 STEEPLE CHASE

City
LANSINGState
MIZip Code
48917Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

STABENOW, DEBBIE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	1	6		

FEC Identification Number

C S8MI00281

Transaction ID : SB23.36414

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. STABENOW, DEBBIE, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

Mailing Address 7143 STEEPLE CHASE

City
LANSINGState
MIZip Code
48917Purpose of Disbursement
contribution

011

Candidate Name

STABENOW, DEBBIE, , ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 00

FEC Identification Number

C S8MI00281

Transaction ID : SB23.36415

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Mailing Address ONE PARK ROW 5TH FLOOR

City
PROVIDENCEState
RIZip Code
02903Purpose of Disbursement
contribution

011

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00570101

Transaction ID : SB23.36426

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

70000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City
McAllenState
TXZip Code
78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City
McAllenState
TXZip Code
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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.