FEC FORM 3X

05/26/2017 14 : 44

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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 typi over the lines.	ng, type	12FE4M5	5	
ADDRESS (number and street)	612 W. Nolana Suite 340					
Check if different than previously reported. (ACC)	McAllen				78504	
2. FEC IDENTIFICATION N			S	STATE 🔺	ZIP COI	DE 🔺
C C00415752	3.		NEW (N) OR	× AME (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	lar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	21)	pr 20 (M4)	Jul 20 (M7)	Oct 2	0 (M10)	Jan 31 (YE)
July 15 Quarterly Report (0	(C) 12-Day PRE-Election	Primary (12)		General (1		Runoff (12R)
Cctober 15 Quarterly Report (0	Report for the:	Convention	(12C)	Special (1	2S)	
January 31 Year-End Report ()	YE) Elec	ction on	D D /	Y Y Y Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	· · · · ·	G)	Runoff (30	DR)	Special (30S)
Termination Report (TER)	t l	ction on		Y Y Y Y Y	in the State of	
5. Covering Period		through	M M 09	/ D D / 30	2016	
I certify that I have examined th	Perez, Ernie, , ,	of my knowledge and	belief it is tru	e, correct and	complete.	
Type or Print Name of Treasure	er					
Signature of Treasurer	z, Ernie, , ,	[Electronicall	y Filed]	ate 05	/ D D / 26	2017 Y
NOTE: Submission of false, error	neous, or incomplete informa	tion may subject the per	son signing th	is Report to the	e penalties of 52	U.S.C. § 30109
Office Use Only					FEC FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	OF FEC Form 3X (Rev. 05/2016)	RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
E	BORDER HEALTH FEDERAL PAC		
R	Report Covering the Period: From: 07	01 2016 To:	09 30 / Y Y Y Y 2016
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 07	01 / Y Y Y Y Y 01 Z016 T	o: 09 / 0 / Y Y Y Y 30 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	183609.88	424548.54
(ii) Unitemized (iii) TOTAL (add	5347.86	44655.32
Lines 11(a)(i) and (ii)	188957.74	469203.86
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(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
Party Committees.	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	5000.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds 	0.00	0.0(
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	188957.74	474203.86
. Total Federal Receipts		

188957.74

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►

474203.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 104382.06 Expenditures 38772.92 (c) Total Operating Expenditures 104382.06 (add 21(a)(i), (a)(ii), and (b)) 38772.92 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 455000.00 70000.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
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III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

						188957.74
1.00		7			7	
						0.00
	1	- J	1	1	- J	0.00
						188957.74
	1	-	1	1	-	
						38772.92
		-7			-,-	38772.92
	-	-7	-	+	-	38772.92 0.00
					-7-	
	+		-	+		

	1				469203.86
		7		-7	409203.80
					0.00
	4	-	 	-	0.00
					469203.86
		-	 	-	403203.00
					104382.06
	1	-7	 1	-7	1 1 49 1
					0.00
1.00	1	7	 1	-7	0.00
					104382.06

Pag

COLUMN B Calendar Year-to-Date

Page 5

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

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

Form/Schedule: Transaction ID:

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 386 (check only one)				
Any or fo	information copied from such Reports and Sta r commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P/	٩C						
	ull Name of Individual (Last, First, Middle Initia Abdeen, Ziad, , Dr.,	l) or Full C	organization Name	Date of Receipt				
_	ailing Address 809-A Savannah #3			07 07 / Y Y Y Y 2016				
	ity A A H	State	Zip Code	Transaction ID : SA11AI.34951				
IV	lcAllen	TX	78504	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	С		125.00				
	ame of Employer (for Individual) Ifemployed		upation (for Individual) ate investor	Contribution				
R	eceipt For:	Aggregate	Year-to-Date V					
	Primary General Other (specify) V		875.00]				
	ull Name of Individual (Last, First, Middle Initia	l) or Full C	Prganization Name	Date of Receipt				
	ailing Address 809-A Savannah #3			07 15 2016				
	ity IcAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35301 Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	С		125.00				
	ame of Employer (for Individual) Ifemployed		upation (for Individual) ate investor	Memo Item contribution				
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]				
	ull Name of Individual (Last, First, Middle Initia Abdeen, Ziad, , Dr.,	l) or Full C	Prganization Name	Date of Receipt				
M	ailing Address 809-A Savannah #3			08 / D D / Y Y Y Y 08 15 2016				
	ity IcAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35657 Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	С		125.00				
	ame of Employer (for Individual) elfemployed		upation (for Individual) ate investor	Memo Item contribution				
	eceipt For:	1.	Year-to-Date ▼					
	Primary General Other (specify)		1125.00	1				
SUE	BTOTAL of Receipts This Page (optional)			375.00				

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate sch for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 8 OF 386 (check only one) 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P/	٩C									
Α.	Full Name of Individual (Last, First, Middle Initia Abdeen, Ziad, , Dr.,	l) or Full C	Drganization Name		Date of Receipt						
	Mailing Address 809-A Savannah #3		09 / Y Y Y Y 2016								
	City	State	Zip Code		Transaction ID : SA11AI.36007						
	McAllen	ТХ	78504		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			125.00						
	Name of Employer (for Individual)	Occ	cupation (for Individua	l)	Memo Item						
	selfemployed	priv	vate investor		contribution						
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General										
	Other (specify) v	L	1	250.00							
B	Full Name of Individual (Last, First, Middle Initia Aboujamous, Riad, , Mr.,	l) or Full C	Organization Name		Date of Receipt						
	Mailing Address 1217 Fullerton	- · · · · · · · · · · · · · · · · · · ·									
		01-1-	Zie Oede		08 / D D / Y Y Y Y Y 2016						
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.35658 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			25.00						
	Name of Employer (for Individual) selfemployed		cupation (for Individua vate investor	l)	Memo Item contribution						
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼			225.00							
С.	Full Name of Individual (Last, First, Middle Initia Aboujamous, Riad, , Mr.,	l) or Full C	Drganization Name		Date of Receipt						
	Mailing Address 1217 Fullerton				09 16 / Y Y Y Y 2016						
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.36008 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual)		cupation (for Individual	l)	Memo Item						
	selfemployed		ate investor		contribution						
	Receipt For:	Agareaate	Year-to-Date V								
	Primary General Other (specify)	55. 09410		250.00							
s	UBTOTAL of Receipts This Page (optional)				175.00						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		_	11b	11c	12					
Δr	y information copied from such Reports and S	statements m	l av not be sold or used by any n	erson	13 for the		15 of soliciting	contribu	17 Itions				
	for commercial purposes, other than using the												
\square	NAME OF COMMITTEE (In Full)												
	BORDER HEALTH FEDERAL I	PAC											
<u> </u>	Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , ,	tial) or Full C	Organization Name	Date of Receipt									
Α.	Mailing Address 1619 hertiage lane	_											
			07 07 2016										
	City	State	Zip Code		Trans	action ID	: SA11AI.:	34953					
	mission	ТХ	78572	_	Amount	t of Each	Receipt th	is Perioc					
	FEC ID number of contributing federal political committee.	С				-		250	00				
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Item							
	self-employee		sician	c	ontribut	ion							
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General		1750.00	11									
	Other (specify) v		1730.00										
	Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , ,	tial) or Full C	Organization Name		Data of	Dessint							
D.	Mailing Address 1619 hertiage lane			_		Receipt	D / Y	V	- V				
	Walking Address 1619 Hertlage lane				07	/ D	5	2016	T				
	City	State	Zip Code		Transaction ID : SA11AI.35303 Amount of Each Receipt this Period								
	mission	TX	78572	_									
	FEC ID number of contributing federal political committee.	С						250	00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	Memo Item								
	self-employee	phy	vsician	с	ontribut	ion							
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		2000.00	11									
			, , , , , , , , , , , , , , , , , , , ,										
с.	Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , ,	tial) or Full C	Organization Name		Date of	Receipt							
	Mailing Address 1619 hertiage lane				08 ^M	/ D 1	5 / Y	2016	Y				
	City	State	Zip Code		Trans	action ID) : SA11AI.:	35659					
	mission	TX	78572	_	Amount	t of Each	Receipt th	is Perioc					
	FEC ID number of contributing federal political committee.	С				, , , , , , , , , , , , , , , , , , ,		250	00				
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Item							
	self-employee	phys	sician		contribut	tion							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		2250.00	11									
			Apr. Apr. Ar.										
s	UBTOTAL of Receipts This Page (optional)			► _				750.	00				

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

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1.

Im	age# 201705269055155792			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 386 (check only one)
				13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Α.	Full Name of Individual (Last, First, Middle In Abreu, Charity, , ,	itial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1619 hertiage lane			09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36009
	mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	self-employee	phy	vsician	contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	/ iggi oguto		_
	Other (specify)	L	2500.00	
В.	Full Name of Individual (Last, First, Middle In Abreu, Ricardo, , , Mailing Address 200 E. Xenops	-		Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.34954
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) Self employed		cupation (for Individual) ysician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle In Abreu, Ricardo, , ,	itial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 200 E. Xenops			07 15 / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35304
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual) Self employed	phy	supation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)			,		,	55	50.00	,
	Г							
TOTAL This Period (last page this line number only)		1.	 7	 -	-	 _	-	السف

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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•••			Detailed Summary Page					11b 14	11c 15	\vdash	12 16	17						
	y information copied from such Reports and S for commercial purposes, other than using the							pose of	soliciting		ntribut	ions						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F																	
A.	Full Name of Individual (Last, First, Middle Init Abreu, Ricardo, , , Mailing Address 200 E. Xenops	tial) or Full C	Drgan	ization Name		Date of	[:] Re	eceipt 15) / Y	2	016	Y						
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35660 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			150.00													
	Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼		/sicia		C4	Dontribut		o Item										
в.	Full Name of Individual (Last, First, Middle Init Abreu, Ricardo, , , Mailing Address 200	tial) or Full C	Drgan	ization Name		Date of	Re	eceipt) / Y)16	Y						
	E. Xenops City McAllen	State TX		Zip Code 78504		Transaction ID : SA11AI.36010 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				150.00												
	Name of Employer (for Individual) Self employed		cupati ysicia	on (for Individual) n	Memo Item contribution													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 1500.00]													
c.	Full Name of Individual (Last, First, Middle Init Abreu, Ruben, , ,	tial) or Full C	Drgan	ization Name	Date of Receipt													
	Mailing Address 104 augusta square			7.0.1		07	1	07		20	016	Y						
	City mcallen	State TX		Zip Code 78503					SA11AI. Receipt th									
	FEC ID number of contributing federal political committee.	С						7	. ,	_	250.0	0						
	Name of Employer (for Individual) self-employee Receipt For:	phys	siciar		c	Montribut		o Item										
	Primary General Other (specify)	Aggregate	, rear	1750.00	1													
⊢	UBTOTAL of Receipts This Page (optional)				·			, ,		-	550.0	0						
т	OTAL This Period (last page this line number	only)		•••••••	•			_	-									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s)											
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC											
Full Name of Individual (Last, First, Middle Ini A. Abreu, Ruben, , ,	itial) or Full C	Organization Name	Date of Receipt									
Mailing Address 104 augusta square			07 / D D / Y Y Y Y 2016									
City	State	Zip Code	Transaction ID : SA11AI.35305									
mcallen	ТХ	78503	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
self-employee		sician	contribution									
Receipt For:		Year-to-Date V										
Primary General	Aggregate											
Other (specify) V		2000.00	1									
Full Name of Individual (Last, First, Middle Ini B. Abreu, Ruben, , ,	itial) or Full C	Organization Name	Date of Receipt									
Mailing Address 104 augusta square			08 15 2016									
City	State	Zip Code	Transaction ID : SA11AI.35661									
mcallen	TX	78503	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer (for Individual) self-employee		cupation (for Individual) /sician	Memo Item contribution									
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		, 2250.00]									
Full Name of Individual (Last, First, Middle Ini C. Abreu, Ruben, , ,	itial) or Full C	Organization Name	Date of Receipt									
Mailing Address 104 augusta square			09 / D D / Y Y Y Y 09 16 2016									
City	State	Zip Code	Transaction ID : SA11AI.36011									
mcallen	TX	78503	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
self-employee		sician	contribution									
Receipt For:	1	Year-to-Date ▼										
Primary General Other (specify)	Aggregate	2500.00	1									
SUBTOTAL of Receipts This Page (optional)			750.00									

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TOTAL This Period (last page this line number only)	-l	 	 	 -	 	-

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page	×			11b	11c	12								
Any information conied from such Day	orto and Statements	w not be cold or used by arrive		13		14	15	16	17 tiono							
Any information copied from such Rep or for commercial purposes, other than																
NAME OF COMMITTEE (In Full)																
BORDER HEALTH FED																
Full Name of Individual (Last, First, A. Aguilera, Juan, , ,	Middle Initial) or Full O	organization Name		Date o	f Red	ceipt										
Mailing Address 807 North Cage				M M M		07	/ Y	2016	Y							
City	State	Zip Code	- I I		sactio		SA11AI.3	1								
Pharr	ТХ	78577	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		400.00													
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item													
Receipt For:		Year-to-Date ▼	\dashv $$													
Primary General			1													
Other (specify)		2800.00														
Full Name of Individual (Last, First, B. Aguilera, Juan, , ,	Middle Initial) or Full O	rganization Name		Date o	f Rec	ceipt										
Mailing Address 807 North Cage			07 / 15 / Y Y Y Y 2016													
City	State	Zip Code		Trans	sactio	on ID : S	SA11AL3	35306								
Pharr	ТХ	78577						is Period								
FEC ID number of contributing federal political committee.	C			400.00												
Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	co	Memo Item contribution												
Receipt For:		Year-to-Date ▼														
Primary General																
Other (specify) v		3200.00	1													
Full Name of Individual (Last, First, C. Aguilera, Juan, , ,	Middle Initial) or Full O	rganization Name		Date o	f Red	ceipt										
Mailing Address 807 North Cage				M M 08	/	D D D 15	/ Y	ү 2016	Y							
City	State	Zip Code		Trans	sacti	on ID : S	SA11AI.:	35662								
Pharr	TX	78577		٩moun	nt of l	Each Re	ceipt thi	is Period								
FEC ID number of contributing federal political committee.	C					, .	, <u>,</u>	400.	00							
Name of Employer (for Individual)	Осси	upation (for Individual)		M	lemo	ltem										
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Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify)		3600.00	11													
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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		fo	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 386 (check only one) X 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 contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC																	
Α.	Full Name of Individual (Last, First, Middle Initi Aguilera, Juan, , , Mailing Address 807 North Cage	al) or Full O	Drgan	nization Name	Date of Receipt												
	City Pharr	State TX		Zip Code 78577	09 16 2016 Transaction ID : SA11AI.36012 Amount of Each Receipt this Period												
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	Name of Employer (for Individual) selfemployed Receipt For: Primary General	phys	,sicia	ion (for Individual) n r-to-Date ▼	Memo Item contribution												
	United Grand Contraction Cont	al) or Full O	Drgan	4000.00 hization Name													
В.	Alizy, Sahar, , Ms, Mailing Address 1609 Martin				Date of Receipt												
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35673 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			25.00												
:	Name of Employer (for Individual) selfemployed			ion (for Individual) nvestor	Contribution												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 225.00													
С.	Full Name of Individual (Last, First, Middle Initi Alizy, Sahar, , Ms,	al) or Full O	Drgan	nization Name	Date of Receipt												
	Mailing Address 1609 Martin	State		Zip Code	09 / 16 / 2016 Transaction ID : SA11AI.36014												
	McAllen	TX		78504	Amount of Each Receipt this Period												
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	Name of Employer (for Individual) selfemployed		•	ion (for Individual) nvestor	Contribution												
_	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 250.00													

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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386

				Detailed Summary Page	×	11a		11b	11c		12	17					
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or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA		addr	ess of any political committee	e to so		ntric	outions ti	rom sucr	1 CO	mmitte	90.					
 A.	Full Name of Individual (Last, First, Middle Initia Alleyn, Michael, , ,	al) or Full O	Drga	nization Name		Date of	f Re	eceipt									
	Mailing Address 5505 N. 4th					м м 07	/	07	/ Y	Y 20	016	Ŷ					
	City mcallen	State TX		Zip Code 78501					SA11AI. eceipt th								
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	Name of Employer (for Individual) self-employed		•	tion (for Individual) investor	c	M		tem									
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В.	Full Name of Individual (Last, First, Middle Initia Alleyn, Michael, , ,	al) or Full O	Drga	nization Name		Date of	f Re	eceipt									
	Mailing Address 5505 N. 4th					^M 07	/	D D 15	/ Y	20)16	Y					
	City mcallen	State TX		Zip Code 78501	Transaction ID : SA11AI.35309 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			250.00 Memo Item contribution												
	Name of Employer (for Individual) self-employed		•	tion (for Individual) investor													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2000.00]												
с.	Full Name of Individual (Last, First, Middle Initia Alleyn, Michael, , ,	al) or Full O	Drga	nization Name		Date of	f Re	eceipt									
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	ng the name and a		person for the purpose of soliciting contributions be to solicit contributions from such committee.
Full Name of Individual (Last, First, Mid A. Alleyn, Michael, , , Mailing Address 5505 N. 4th	dle Initial) or Full C	Organization Name	Date of Receipt
City mcallen	State TX	Zip Code 78501	09 16 2016 Transaction ID : SA11AI.36015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	priv	upation (for Individual) vate investor Year-to-Date ▼ 2500.00	Memo Item contribution
Full Name of Individual (Last, First, Mid B. Alleyn, Robert, , Dr., Mailing Address 8330 North Shary Road City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General	State TX C	Zip Code 78572	Date of Receipt
Other (specify) ▼ Full Name of Individual (Last, First, Mid C. Alleyn, Robert, , Dr., Mailing Address 8330 North Shary Road City mission EEQ. ID sumber of contribution		Zip Code 78572	Date of Receipt 07 07 15 2016 Transaction ID : SA11AI.35310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	phy	upation (for Individual) sician Year-to-Date ▼ 3200.00	400.00 Memo Item contribution

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	information copied from such Reports and Stat for commercial purposes, other than using the n																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C															
Α.	Full Name of Individual (Last, First, Middle Initia Alleyn, Robert, , Dr.,) or Full C	Drgan	ization Name	Date of Receipt												
	Mailing Address 8330 North Shary Road					08 15 / Y Y Y Y Y 08 15 2016											
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 3600.00]												
	Full Name of Individual (Last, First, Middle Initia Alleyn, Robert, , Dr.,) or Full C	Drgan	ization Name	Da	ate of F	leceipt										
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	Full Name of Individual (Last, First, Middle Initia Almedia, Hillary, , Dr.,) or Full C	Drgan	ization Name	Da	ate of F	leceipt										
	Mailing Address 900 E. Vermont	1 -	1		46	и м 07	/ D 07	<u> </u>	Y Y 201	6							
	City McAllen	State TX		Zip Code 78504			tion ID	-									
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Almedia, Hillary, , Dr., Mailing Address 900 E. Vermont	al) or Full C	Organization Name	Date of Receipt									
	City	State	Zip Code	Transaction ID : SA11AI.35311									
	McAllen	TX	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		75.00									
	Name of Employer (for Individual) Self employed		upation (for Individual) rsician	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]									
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	Mailing Address 900 E. Vermont			08 / D D / Y Y Y Y 2016									
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35670 Amount of Each Receipt this Period									
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	Mailing Address 900 E. Vermont			09 / D D / Y Y Y Y 09 16 2016									
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36017 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution									
	Receipt For:	1	Year-to-Date ▼										
	Primary General Other (specify)		750.00]									
s	UBTOTAL of Receipts This Page (optional)			225.00									

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SCHEDULE A	(FEC Form 3X)
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a] 11] 14	1b 4	11c		12 16	17		
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
Α.	Full Name of Individual (Last, First, Middle In Ambriz, Alex, , Ms, Mailing Address 15253 Heather	iitial) or Full O	rganization Name		Date c			ipt D I D 15) /		016	Ŷ		
	City	State	Zip Code			sact	ion		SA11A		1.00			
	Harlingen	TX	78552						Receipt					
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	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer (for Individual)	Осси	pation (for Individual)		N	lemo	o It	em						
	self-employed	priva	ate investor	С	ontribu	tion								
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	Mailing Address 15253 Heather							16) 016	Y		
	City	State	Zip Code		Trans	sacti	ion	ID :	SA11A	1.360	18			
	Harlingen	ТХ	78552		Amour	t of	Ea	ach F	Receipt	this F	Period			
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	Name of Employer (for Individual) self-employed	Occu priva	Memo Item											
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<u>с</u> .	Full Name of Individual (Last, First, Middle In Amyx, Michael, , ,	iitial) or Full O	rganization Name		Date c	of Re	ece	ipt						
	Mailing Address 2108 Mynah				^M 07	/	Γ	07			016 [°]	Y		
	City	State	Zip Code		Tran	sact	tior	ו ID :	SA11A	1.349	63	_		
	mcallen	TX	78501		Amour	t of	Ea	ach F	Receipt	this F	Period			
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	Name of Employer (for Individual)	Occu	pation (for Individual)		Ν	lemo	o It	em						
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00											
s	UBTOTAL of Receipts This Page (optional)		<u>y</u>				,				300.0	00		

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	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
Α.	Full Name of Individual (Last, First, Middle In Amyx, Michael, , ,	itial) or Full C	Organization Name	Date	of Receipt							
	Mailing Address 2108 Mynah			M M / D D / Y Y Y Y 07 15 2016								
	City	State	Zip Code	Tra	nsaction ID : S	SA11AI.353	13					
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	y information copied from such Reports and Sta for commercial purposes, other than using the r														
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Α.	Full Name of Individual (Last, First, Middle Initia Apolinario, Jumar, B., Dr.,	al) or Full C	Organ	zation Name	Date of Receipt										
	Mailing Address 2805 Santa Erica				07 / D D / Y Y Y Y 07 2016										
	City	State		Zip Code	Transaction ID : SA11AI.34964										
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	Name of Employer (for Individual) selfemployed		cupati /sicair	on (for Individual) า	Contribution										
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	Mailing Address 2805 Santa Erica		07 / D D / Y Y Y Y 2016												
	City Mission	State TX		Zip Code 78572	Transaction ID : SA11AI.35314 Amount of Each Receipt this Period										
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	Mailing Address 2805 Santa Erica				08 / D D / Y Y Y Y 2016										
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	Mailing Address 2805 Santa Erica				09 / D D / Y Y Y Y Y 2016									
	City	State		Zip Code	Transaction ID : SA11AI.36020									
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В.	Aquino, Edwardo, , Dr.,				Date of Receipt									
	Mailing Address 112 E. Xenops				07 07 2016									
	City	State		Zip Code	Transaction ID : SA11AI.34965									
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	Name of Employer (for Individual) selfemployed		cupat /sicia	ion (for Individual) In	Memo Item contribution									
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C.	Full Name of Individual (Last, First, Middle Initia Aquino, Edwardo, , Dr.,	al) or Full C	Drgar	nization Name	Date of Receipt									
	Mailing Address 112 E. Xenops				07 / D D / Y Y Y Y 15 / 2016									
	City Mcallen	State TX		Zip Code 78504	Transaction ID : SA11AI.35315									
				70504	Amount of Each Receipt this Period									
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	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	Memo Item									
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	Mailing Address 112 E. Xenops	01-1-		Zie Ocale		м м 09		16			016	Y				
	City Mcallen	State TX		Zip Code 78504		Transa Amount			-							
	FEC ID number of contributing federal political committee.	С					-,			_	50.0	0				
	Name of Employer (for Individual) selfemployed		upati vsicia	ion (for Individual) n	co	Me	emo I on	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼												
С.	Full Name of Individual (Last, First, Middle Init Arce, Daisy, , ,	ial) or Full O	rgan	ization Name		Date of	Rece	•								
	Mailing Address 129 Bluebird City	State		Zip Code		07 Trans	/ actio	07 n ID : 3	ЛL	20	016 66	Y				
	Mcallen	TX	_	78504		Amount	of E	ach Re	eceipt	this F	[•] eriod					
	FEC ID number of contributing federal political committee.	C				<u> </u>			y		50.0	0				
	Name of Employer (for Individual) selfemployed		upati siciar	on (for Individual) า	c	Me ontributi	emo I ion	ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 350.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 386 (check only one)										
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
Full Name of Individual (Last, First, Middle In A. Arce, Daisy, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 129 Bluebird			07 / D D / Y Y Y Y 2016										
City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35316 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) V	phy	upation (for Individual) sician Year-to-Date ▼ 400.00	Memo Item contribution										
Full Name of Individual (Last, First, Middle In B. Arce, Daisy, , , Mailing Address 129 Bluebird	hitial) or Full C	organization Name	Date of Receipt										
City Mcallen FEC ID number of contributing	State TX	Zip Code 78504	08 15 2016 Transaction ID : SA11AI.35665 Amount of Each Receipt this Period										
Rederal political committee.		upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 450.00											
Full Name of Individual (Last, First, Middle In Arce, Daisy, , , Mailing Address 129 Bluebird	⊥ nitial) or Full C	organization Name	Date of Receipt										
City Mcallen	State TX	Zip Code 78504	09 16 2016 Transaction ID : SA11AI.36022 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00											
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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use for De

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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 Arias-Viaud, Julio, , Dr., Α. Date of Receipt Mailing Address 2600 Santa Paula 2016 07 07 City Zip Code State Transaction ID : SA11AI.34968 TΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula 07 15 2016 City State Zip Code Transaction ID : SA11AI.35318 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35674 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify)

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 386 (check only one) Image: Check
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P/	٩C		
Α.	Full Name of Individual (Last, First, Middle Initia Arias-Viaud, Julio, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2600 Santa Paula			09 16 / Y Y Y Y 09 16 2016
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36024 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	priv	upation (for Individual) ate investor Year-to-Date ▼ 1000.00	Memo Item contribution
в.	Full Name of Individual (Last, First, Middle Initia Arrazola, Pedro, , Dr., Mailing Address 5114 N. 10th Street	l) or Full C	Organization Name	Date of Receipt
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.34969 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) vate investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Arrazola, Pedro, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 5114 N. 10th Street			07 / D D / Y Y Y Y 07 15 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35319 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For:	priva	upation (for Individual) ate investor	Memo Item contribution
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00]
s	UBTOTAL of Receipts This Page (optional)			300.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 386 (check only one)									
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Arrazola, Pedro, , Dr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5114 N. 10th Street	State	Zip Code	08 / D D / Y Y Y Y 2016									
	McAllen	TX	78504	Transaction ID : SA11AI.35675 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual)		upation (for Individual) ate investor	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00										
в.	Full Name of Individual (Last, First, Middle Initia Arrazola, Pedro, , Dr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5114 N. 10th Street			09 / D D / Y Y Y Y 2016									
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36025 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) vate investor	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Asase, Danilo, , Dr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5216 Kensington Lane	1		07 / D D / Y Y Y Y 07 07 2016									
	City Brownsville	State TX	Zip Code 78526	Transaction ID : SA11AI.34970 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00]									
s	UBTOTAL of Receipts This Page (optional)			▶ 300.00									

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SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 386 (check only one) I1a 11b 11c 12 I3 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name of Individual (Last, First, Middle A. Asase, Danilo, , Dr.,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 5216 Kensington Lane			07 / D D / Y Y Y Y 2016
City Brownsville	State TX	Zip Code 78526	Transaction ID : SA11AI.35320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 800.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr., Mailing Address 5216 Kensington Lane	Initial) or Full C	rganization Name	Date of Receipt
City Brownsville FEC ID number of contributing federal political committee.	State TX	Zip Code 78526	Transaction ID : SA11AI.35676 Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Individual) sician Year-to-Date ▼	Memo Item contribution
Primary General Other (specify) V		900.00	
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr., Mailing Address 5216 Kensington Lane	Initial) or Full C	rganization Name	Date of Receipt
City Brownsville	State TX	Zip Code 78526	Transaction ID : SA11AI.36026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician Year-to-Date ▼	Memo Item contribution

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SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF Control of the second s
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	DERAL PAC		
Full Name of Individual (Last, First A. Assistores, Marilyn, , Dr.,	, Middle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2222 La Condesa	Drive		07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.34971

Α.	Assistores, Marilyn, , Dr.,	Date of Receipt			
	Mailing Address 2222 La Condesa Drive				07 07 2016
	City	State		Zip Code	Transaction ID : SA11AI.34971
	Edinburg	ТХ		78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			75.00
	Name of Employer (for Individual) selfemployed		•	ion (for Individual) nvestor	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00			
в.	Full Name of Individual (Last, First, Middle Ini Assistores, Marilyn, , Dr.,	nization Name	Date of Receipt		
	Mailing Address 2222 La Condesa Drive				07 15 / Y Y Y Y 2016
	City	State		Zip Code	Transaction ID : SA11AI.35321
	Edinburg	TX		78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	e e e e e e e e e e e e e e e e e e e			
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor			Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	te Yea	r-to-Date ▼ 600.00	
с.	Full Name of Individual (Last, First, Middle Ini Assistores, Marilyn, , Dr.,	tial) or Full	Orgar	nization Name	Date of Receipt
	Mailing Address 2222 La Condesa Drive				08 / D D / Y Y Y Y 2016
	City Edinburg	State TX		Zip Code 78539	Transaction ID : SA11AI.35677 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			75.00
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor		· · · · ·	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	te Yea	r-to-Date ▼ 675.00	
s	UBTOTAL of Receipts This Page (optional)			▶	225.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule for each category of the Detailed Summary Pag	(s) (e	FOR LINE NUMBER: PAGE 30 OF 386 check only one) Image: state sta							
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Assistores, Marilyn, , Dr.,	ll) or Full C	rganization Name		Date of Receipt							
	Mailing Address 2222 La Condesa Drive				09 16 Y Y Y Y Y							
	City Edinburg	State TX	Zip Code 78539	-	Transaction ID : SA11AI.36027							
			76559		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			75.00							
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor		Memo Item contribution							
	Receipt For:											
	Other (specify) ▼		750.0	0								
В.	Full Name of Individual (Last, First, Middle Initia Aude, Wady Aude, , Dr.,	ll) or Full C	rganization Name		Date of Receipt							
	Mailing Address 1001 E. Fern #E				08 15 2016							
	City	State	Zip Code	_	Transaction ID : SA11AI.35678							
	McAllen	TX	78502		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			25.00							
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor		Memo Item contribution							
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 225.0	00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Aude, Wady Aude, , Dr.,	ll) or Full C	rganization Name		Date of Receipt							
	Mailing Address 1001 E. Fern #E				09 / D D / Y Y Y Y 09 16 2016							
	City McAllen	State TX	Zip Code 78502	-	Transaction ID : SA11AI.36028							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor		Memo Item							
	Receipt For:	1.	Year-to-Date ▼									
	Primary General Other (specify)		250.0	00								
s	UBTOTAL of Receipts This Page (optional)			►	125.00							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f	Jse separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 OF Control of the second
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)			
BORDER HEALTH FEDERAL PAC			
Full Name of Individual (Last, First, Middle Initial) or A. Avila, Felipe, , Dr.,	[.] Full Orgar	nization Name	Date of Receipt
Mailing Address 104 W. 20th Street		Zie Oada	07 / D D / Y Y Y Y Y 07 07 2016

Avila, Felipe, , Dr.,	Date of Receipt		
Mailing Address 104 W. 20th Street			07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.34973
Weslaco	TX	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) self-employed	Occupati doctor	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 2650.00	
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr.,	e Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 104 W. 20th Street			07 15 / Y Y Y Y 2016
City	State	Zip Code	Transaction ID : SA11AI.35323
Weslaco	ТХ	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) self-employed	Occupati doctor	ion (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 3050.00	_
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr.,	e Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 104 W. 20th Street			08 / D D / Y Y Y Y 08 15 2016
City	State	Zip Code	Transaction ID : SA11AI.35679
Weslaco	TX	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) self-employed	Occupati doctor	ion (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	r-to-Date ▼ 3450.00		
SUBTOTAL of Receipts This Page (optional)	I		1200.00

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 32 OF (check only one)								
		Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16								
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC										
Full Name of Individual (Last, First, Middl Avila, Felipe, , Dr.,	e Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 104 W. 20th Street			M M / D D / Y Y Y Y 09 16 2016								
City	State	Zip Code	Transaction ID : SA11AI.36029								
Weslaco	ТХ	78596	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		400.00								
Name of Employer (for Individual) self-employed	Occ	upation (for Individual) tor	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3850.00									
Full Name of Individual (Last, First, Middl Aviles, Wilfredo, , Dr.,	e Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 2600 Wildwood			07 07 2016								
City	State	Zip Code	Transaction ID : SA11AI.34974								
Weslaco	TX	78596	Amount of Each Receipt this Period								
FEC ID number of contributing											

FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Aviles, Wilfredo, , Dr.,

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

Mailing Address 2600 Wildwood			07 15 2016
City	State	Zip Code	Transaction ID : SA11AI.35324
Weslaco	ТХ	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	physici	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		▶	500.00

FEC Schedule A (Form 3X) Rev. 06/2016

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Date of Receipt

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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X 11a 11b 11c 12 **Detailed Summary Page** 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 Aviles, Wilfredo, , Dr., Α. Date of Receipt Mailing Address 2600 Wildwood 1 2016 08 15 City Zip Code State Transaction ID : SA11AI.35680 TΧ Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aviles, Wilfredo, , Dr., Date of Receipt Mailing Address 2600 Wildwood 09 16 2016 City State Zip Code Transaction ID : SA11AI.36030 ТΧ Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ayers, Roberto, A,, Dr., Date of Receipt Mailing Address 1900 S. Jackson #7 MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.34975 ТΧ McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) (check only one)								
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE BORDER HEALT	(In Full) H FEDERAL PAC									
Full Name of Individual (I A. Ayers, Roberto, A,, D	ast, First, Middle Initial) or Full C.	Drganization Name	Date of Receipt							
Mailing Address 1900 S.			07 15 2016							
City	State	Zip Code	Transaction ID : SA11AI.35325							
McAllen	TX	78501	Amount of Each Receipt this Period							
FEC ID number of contribution federal political committee	ů.	100.00								
Name of Employer (for In	idividual) Occ	upation (for Individual)	Memo Item							
selfemployed	phy	vsician	contribution							
Receipt For:		Year-to-Date V	-							
	eneral									
Other (specify) ▼		800.00								
Full Name of Individual (I B. Ayers, Roberto, A,,	ast, First, Middle Initial) or Full C	Drganization Name	Date of Receipt							
Mailing Address 1900 S.	Jackson #7		08 15 2016							
City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35681 Amount of Each Receipt this Period							
FEC ID number of contrib federal political committee	ş		100.00							
Name of Employer (for Ir selfemployed		cupation (for Individual) /sician	Memo Item contribution							
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 900.00	1							
		Agin // Agin // Agin //								
c. Ayers, Roberto, A		organization Name	Date of Receipt							
Mailing Address 1900 S.	Jackson #7	Zip Code	09 16 2016							
McAllen	TX	78501	Transaction ID : SA11AI.36031							
FEC ID number of contrib federal political committee	outing		Amount of Each Receipt this Period							
Name of Employer (for In	,	supation (for Individual)	Memo Item							
selfemployed		sician	contribution							
Receipt For:		Year-to-Date V								
Other (specify)	eneral	1000.00]							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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			Detailed Summary Page		×	11a		11b	11c		12						
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	y information copied from such Reports and Sta for commercial purposes, other than using the																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																
	BORDER HEALTH FEDERAL P	AC															
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	organization Name														
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	Mailing Address 1503 S. Airport				T	M M	1) / Y		Y 04.0	Y					
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	Name of Employer (for Individual)	Occi	upation (for Individual)	_	Memo Item												
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	Other (specify) ▼ 2800.00																
B.	Full Name of Individual (Last, First, Middle Initia Badiga, Murphy, , ,	al) or Full O	organization Name		D	ate of	Re	eceipt									
	Mailing Address 1503 S. Airport																
	suite 6				L	07		15	J L	20	016	_					
	City	State	Zip Code			Transa	acti	ion ID :	SA11AL	3532	26						
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	Mailing Address 1503 S. Airport suite 6					м м 08		15) / Y) 16	Y					
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	weslaco	ТХ	78596		A	mount	of	Each R	leceipt tl	his P	Period						
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	Name of Employer (for Individual) self-employed	Occupation (for Individual) physician Aggregate Year-to-Date ▼			со	Me		o Item									
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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)

X 11a 11b 11c 12 **Detailed Summary Page** 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 Badiga, Murphy, , , Α. Date of Receipt Mailing Address 1503 S. Airport 2016 09 16 suite 6 City State Zip Code Transaction ID : SA11AI.36032 TΧ weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrera, Marcos, , Mr., Date of Receipt Mailing Address 3000 Yellowhammer 07 2016 07 City State Zip Code Transaction ID : SA11AI.34977 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 875.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Barrera, Marcos, Mr., Date of Receipt Mailing Address 3000 Yellowhammer MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35327 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional).....

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)								
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Barrera, Marcos, , Mr.,	ll) or Full C	Drgar	ization Name	Date of Receipt							
	Mailing Address 3000 Yellowhammer				08 / D D / Y Y Y Y 2016							
	City	State		Zip Code	Transaction ID : SA11AI.35683							
	mcallen	TX		78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			125.00							
	Name of Employer (for Individual) self-employed		•	ion (for Individual) nvestor	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1125.00								
В.	Full Name of Individual (Last, First, Middle Initia Barrera, Marcos, , Mr.,	l) or Full C	Drgar	ization Name	Date of Receipt							
	Mailing Address 3000 Yellowhammer				09 / D D / Y Y Y Y 2016							
	City	State		Zip Code	Transaction ID : SA11AI.36033							
	mcallen	ТХ		78504	Amount of Each Receipt this Period							
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	Name of Employer (for Individual) self-employed		•	ion (for Individual) nvestor	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1250.00								
_	Full Name of Individual (Last, First, Middle Initia Barrera, Ricardo, , ,	ll) or Full C	Drgar	ization Name	Date of Receipt							
0.	Mailing Address 420 Frio				07 07 2016]						
	City mission	State TX		Zip Code 78572	Transaction ID : SA11AI.34978 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			400.00							
	Name of Employer (for Individual) self-employed		upati sicia	ion (for Individual) n	Memo Item contribution							
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Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC												
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	Name of Employer (for Individual)		•	tion (for Individual)		N	lemo	o Item						
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с.	Full Name of Individual (Last, First, Middle Initi Bernini, Juan, , ,	al) or Full C	Orga	nization Name		Date c	of Re	eceipt						
	Mailing Address 2804 Santa Ana					[™] 07	/	D 15		2016	Ý			
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SCHEDULE A	(FEC Form 3X)
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Mailing Address 7007 N 1st Lane				^M 07	1	D D 07	/ Y	2016	Y			
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SCHEDULE A	(FEC Form 3X)
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C								
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SCHEDULE A	(FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 11c 12 **Detailed Summary Page** 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 Bracamontes, Francisco, , , Date of Receipt Α. Mailing Address 2005 Cimarron Court 1 2016 07 07 City Zip Code State Transaction ID : SA11AI.34983 TΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 07 15 2016 City State Zip Code Transaction ID : SA11AI.35334 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 3200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35689 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
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	Mailing Address 2005 Cimarron Court			09 / D D / Y Y Y Y 09 16 2016										
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36039 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Contribution										
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Bracamontes, Yvonne, , Dr., Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	rganization Name Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 450.00	Date of Receipt 08 15 2016 Transaction ID : SA11AI.35690 Amount of Each Receipt this Period 50.00 Memo Item contribution
Β.	Full Name of Individual (Last, First, Middle Init Bracamontes, Yvonne, , Dr., Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	rganization Name Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 500.00	Date of Receipt 09 16 2016 Transaction ID : SA11AI.36040 Amount of Each Receipt this Period 50.00 Memo Item contribution
C.	Full Name of Individual (Last, First, Middle Init Canales, Erasto, , Dr., Mailing Address 105 Bluebird City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C	rganization Name Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 2525.00	Date of Receipt
Γ				500.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 OF 386 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Canales, Erasto, , Dr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 105 Bluebird			07 15 / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35336 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2925.00	
В.	Full Name of Individual (Last, First, Middle Init Canales, Erasto, , Dr., Mailing Address 105 Bluebird	tial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	08 15 2016 Transaction ID : SA11AI.35691
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		3325.00	
с.	Full Name of Individual (Last, First, Middle Init Canales, Erasto, , Dr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 105 Bluebird			09 / D D / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For:	1	Year-to-Date ▼	
	Primary General Other (specify)		3725.00	

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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) Image: Check
	he name and a		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle) A. Canales, Ricardo, , Dr., Mailing Address 408 Marigold	nitial) or Full C	Drganization Name	Date of Receipt
City McAllen FEC ID number of contributing	State TX	Zip Code 78501	07 07 2016 Transaction ID : SA11AI.34986 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary	phy	cupation (for Individual) vsician • Year-to-Date ▼	Memo Item conribution
Other (specify) ▼ Full Name of Individual (Last, First, Middle B. Canales, Ricardo, , Dr., Mailing Address 408 Marigold	nitial) or Full C	350.00 Drganization Name	Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501	07 15 2016 Transaction ID : SA11AI.35337 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	phy	cupation (for Individual) ysician • Year-to-Date ▼ , 400.00	Memo Item conribution
Full Name of Individual (Last, First, Middle C. Canales, Ricardo, , Dr., Mailing Address 408 Marigold	nitial) or Full C	Drganization Name	Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501	Transaction ID : SA11AI.35692 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	phy	evupation (for Individual) sician • Year-to-Date ▼ 450.00	Memo Item conribution

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LII (check of 11; 13	48 OF	= 386							
	y information copied from such Reports and S for commercial purposes, other than using the				erson for t					ontributi	ions
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A.	Full Name of Individual (Last, First, Middle Ini Canales, Ricardo, , Dr.,	tial) or Full C	Organiz	ation Name	Date	of Re	ceipt				
	Mailing Address 408 Marigold				0		D 16			2016	Y
	City McAllen	State TX	Z	ip Code 78501			on ID : Each F				_
	FEC ID number of contributing federal political committee.	С								50.0	0
	Name of Employer (for Individual) self-employed		upation sician	n (for Individual)	conrib	Memo oution	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 500.00							
в.	Full Name of Individual (Last, First, Middle Ini Canals, Desi, , , Mailing Address 1912 Trinity	tial) or Full C	Organiz	ation Name	Date	of Re	ceipt			Ý	
	City Mission FEC ID number of contributing federal political committee.	State TX		ip Code 78574		nsacti	15 on ID : Each F	SA11/	AI.356		0
	Name of Employer (for Individual) Self employed		upatio	n (for Individual)	contril	Memo oution	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 225.00							
C.	Full Name of Individual (Last, First, Middle Ini Canals, Desi, , , Mailing Address 1912 Trinity	tial) or Full C	Organiz	ation Name	_	of Re	· .				
	City	State TX		ip Code	0 Tra	insacti	16 ion ID :	: SA11/	2 Al.360		Ŷ
	Mission FEC ID number of contributing federal political committee.	D number of contributing				unt of	Each F	leceipt	this F	Period 25.0	0
	Name of Employer (for Individual) Self employed										
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 250.00							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			r each category of the etailed Summary Page	×	11a 13		11b 14	11c	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
Α.	Full Name of Individual (Last, First, Middle Init Cantu, Alonzo, , , Mailing Address P.O.Box 2673	tial) or Full C	Drgani	zation Name		Date of	f Re	· ·	D / Y	2016	Y	
	City	State		Zip Code	-1-1		acti	_	SA11AI.			
	mcallen	TX		78502	Δ				Receipt th		4	
	FEC ID number of contributing federal political committee.	С						,		400		
	Name of Employer (for Individual)	Occ	cupation	on (for Individual)		M	emo	Item				
	self-employed	priv	vate in	vestor	со	ntribut	ion					
	Receipt For:	Aggregate	Year	-to-Date 🔻								
	Primary General											
	Other (specify) v			2800.00								
в.	Full Name of Individual (Last, First, Middle Init Cantu, Alonzo, , ,	tial) or Full C	Organi	zation Name	C	Date of	Re	ceipt				
	Mailing Address P.O.Box 2673					™ M 07	/	15	D / Y	2016	Y	
	City	State		Zip Code	1.1	Trans	acti	on ID ·	SA11AL	35330		
	mcallen	ТХ		78502					Receipt th		ł	
	FEC ID number of contributing federal political committee.	С					, .		400	.00		
	Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor				Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 3200.00								
с.	Full Name of Individual (Last, First, Middle Init Cantu, Alonzo, , ,	tial) or Full C	Drgani	zation Name		Date of	Re	ceipt				
	Mailing Address P.O.Box 2673					м м 08	/	D 15		2016 Y	Y	
	City	State		Zip Code		Trans	acti	on ID :	SA11AI.	35694		
	mcallen	TX		78502	A	mount	t of	Each F	Receipt th	is Period	ł	
	FEC ID number of contributing federal political committee.	ů l							,	400	.00	
	Name of Employer (for Individual)		•	on (for Individual)				Item				
	self-employed	priva	ate in	vestor	co	ontribut	ion					
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 3600.00								
s	UBTOTAL of Receipts This Page (optional)			•				,		1200	.00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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386

T	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1'									
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions tee to solicit contributions from such committee.									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Cantu, Alonzo, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address P.O.Box 2673			09 / D D / Y Y Y Y 09 16 2016									
	City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.36044 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00										
в.	Full Name of Individual (Last, First, Middle Initia Cantu, David, , Mr.,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 2409 Kiwi	State	Zip Code	07 07 2016 Transaction ID : SA11AL.34989									
	McAllen	тх	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Cantu, David, , Mr.,	l) or Full O	Prganization Name	Date of Receipt									
	Mailing Address 2409 Kiwi			07 / D D / Y Y Y Y 07 15 2016									
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35340 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00										
s	UBTOTAL of Receipts This Page (optional)			▶ 460.00									
т	OTAL This Period (last page this line number or	ıly)											

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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386

				Detailed Summary P		×	11a 13		11 14	1b 4	110 15		12 16		17
	y information copied from such Reports and Stat for commercial purposes, other than using the na						or the				solici	ting c	ontri	butio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٨C													
Α.	Full Name of Individual (Last, First, Middle Initial Cantu, David, , Mr.,) or Full C	Drgan	ization Name		[Date of	Re	ece	eipt					
	Mailing Address 2409 Kiwi	1 -					^M 08	/	L	D D 15	/		2016	5	
	City McAllen	State TX		Zip Code 78504			Trans							od	
	FEC ID number of contributing				1	_ ^	Amount	. 01	Ea		eceip	. this			-
	federal political committee.	C	-						-			<u> </u>	3	30.00)
	Name of Employer (for Individual) self-employed		cupati /sicia	ion (for Individual) n		c	M	emo ion	o It	em					
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Primary General Other (specify) ▼ 270.00															
в.	Full Name of Individual (Last, First, Middle Initial Cantu, David, , Mr.,) or Full C	Drgan	ization Name			Date of	Re	ece	eipt					
	Mailing Address 2409 Kiwi						м м 09	/	Γ	16	/	Y 2	2016	Y Y	7
	City	State		Zip Code			Trans	acti	ion	1D : \$	SA11	AI.36	045		_
	McAllen	ТХ		78504	_	/	Amount	of	Ea	ach Re	eceip	this:	Peri	od	
	FEC ID number of contributing federal political committee.	С							-				3	30.00)
	Name of Employer (for Individual) self-employed		cupati vsicia	ion (for Individual) In		Memo Item contribution									
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		,	, 300	0.00										
с.	Full Name of Individual (Last, First, Middle Initial Cantu, Leonel, , Dr.,) or Full C	Drgan	nization Name			Date of	Re	ece	eipt					
	Mailing Address 2102 Deborah						07	1	Γ	D D D 07	1		2016		7
	City	State		Zip Code			Trans	acti	ior	n ID :	SA11	AI.34	990		
	Edinburg	TX		78539		- /	Amount	t of	Ea	ach Re	eceip	: this	Peri	od	_
	FEC ID number of contributing federal political committee.	С	_					_	9		,		5	50.00)
	Name of Employer (for Individual) Self employed		cupati rsiciar	ion (for Individual) n		co	M Intribut	emo tion		tem					
	Receipt For:			r-to-Date ▼											
	Primary General Other (specify)		-7-	350	0.00										
s	UBTOTAL of Receipts This Page (optional)								,				11	0.00)
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 OF 386 (check only one)											
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
				13 14 15 16 17 erson for the purpose of soliciting contributions											
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Cantu, Leonel, , Dr.,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 2102 Deborah			07 15 2016 Transaction ID : SA11AI 35341											
	City	State TX	Zip Code 78539	Transaction ID : SA11AI.35341											
	Edinburg		76539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
	Self employed	phy	sician	contribution											
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General		400.00	1											
	Other (specify) v		400.00	1											
в.	Full Name of Individual (Last, First, Middle Ini Cantu, Leonel, , Dr.,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 2102 Deborah			08 15 2016											
	City	State	Zip Code	Transaction ID : SA11AI.35696											
	Edinburg	TX	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item											
	Receipt For:		Year-to-Date ▼	_											
	Primary General	riggrogato		1											
	Other (specify) v		, 450.00												
C.	Full Name of Individual (Last, First, Middle Ini Cantu, Leonel, , Dr.,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 2102 Deborah			M M / D D / Y Y Y Y 09 16 2016											
	City	State	Zip Code	Transaction ID : SA11AI.36046											
	Edinburg	TX	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution											
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify)		500.00]											
Γ				150.00											

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Full Name of Individual (Last, First, Middle Cantu, Melissa, , Ms, Mailing Address 1201 S. Gumwood	_	rganization Name	_	ate of	Receipt	р/Ү 7	2016	Y
City Pharr	State TX	Zip Code 78577		Trans	action ID	: SA11AI.	34991	
FEC ID number of contributing federal political committee.	C			mount	of Each	Receipt th	iis Period 50.0	00
Name of Employer (for Individual) self-employee		upation (for Individual) ate investor	COI	Me	emo Item on			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]					
Full Name of Individual (Last, First, Middle 3. Cantu, Melissa, , Ms,	Initial) or Full O	rganization Name	D	ate of	Receipt			
Mailing Address 1201 S. Gumwood				м м 07	/ D	р / Ү 5	2016	Y
City Pharr	State TX	Zip Code 78577			action ID	: SA11AL. Receipt th	35342	
FEC ID number of contributing federal political committee.	С						50.0	00
Name of Employer (for Individual) self-employee		upation (for Individual) ate investor	cor	Me	emo Item on			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle Cantu, Melissa, , Ms,	Initial) or Full O	rganization Name	D	ate of	Receipt			
Mailing Address 1201 S. Gumwood				M M 08	/ D	D / Y 5	2016	Y

Mailing Address 1201 S. Gumwood	08 15 2016		
City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.35697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employee	Occupat private i	tion (for Individual) nvestor	Contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 450.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)									
				y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Cantu, Melissa, , Ms,	ll) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 1201 S. Gumwood	Otata	Zin Onde	09 / 16 / Y Y Y Y 2016							
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.36047							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) self-employee		upation (for Individual) vate investor	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name of Individual (Last, First, Middle Initia Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer	l) or Full C	Organization Name	Date of Receipt							
	City McAllen	State TX	Zip Code 78504	07 07 2016 Transaction ID : SA11AI.34993 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer (for Individual) self-employed		cupation (for Individual) /sician	Contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00								
C.	Full Name of Individual (Last, First, Middle Initia Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer	ll) or Full C	Organization Name	Date of Receipt							
	City	State	Zip Code	07 15 2016 Transaction ID : SA11AI.35344							
	McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 100.00							
	Name of Employer (for Individual) self-employed Receipt For:	phys	supation (for Individual)	Memo Item contribution							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00								
s	UBTOTAL of Receipts This Page (optional)			250.00							

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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	nformation copied from such Reports and S r commercial purposes, other than using the																
	AME OF COMMITTEE (In Full)																
В	ORDER HEALTH FEDERAL F	PAC															
	ill Name of Individual (Last, First, Middle Init Caporusso, Joseph, , Dr.,	ial) or Full O	rganization Name		Date of Receipt												
Ma	ailing Address 217 E. Yellowhammer			08 / D D / Y Y Y Y 2016													
Ci	ty	State	Zip Code		Transaction ID : SA11AI.35699												
M	IcAllen	ТХ	78504		Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	С		100.00													
Na	ame of Employer (for Individual)	Occi	pation (for Individual)			1	Me	emo	b Item								
se	If-employed	phys	sician			со	ntribut	ion									
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	Other (specify) v		900.0	00													
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	ailing Address 217 E. Yellowhammer																
Ci	ty	State	Zip Code				Trans	acti	ion ID	: SA11A	.360	49					
Μ	cAllen	TX	78504		Amount of Each Receipt this Period												
	EC ID number of contributing deral political committee.	С		100.00													
	ame of Employer (for Individual) If-employed	Occu phys		Memo Item contribution													
Re	eceipt For: Primary General Other (specify) ▼	Aggregate															
	III Name of Individual (Last, First, Middle Init Cardenas, Carlos, , ,	ial) or Full O	rganization Name			D	ate of	Re	eceipt								
Ma	ailing Address 1000 N. Taylor Road					ſ	^M 07	1	07			016	Y				
Ci	ty	State	Zip Code				Trans	act	ion ID	: SA11A	1.349	94					
m	ncallen	TX	78501			A	mount	t of	Each	Receipt 1	his I	Period					
	EC ID number of contributing deral political committee.	С				ļ			y .	9		400.	00]			
se	ame of Employer (for Individual) If-employed	Occu phys	ipation (for Individual) ician			со	M		o Item								
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	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Cardenas, Carlos, , ,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 1000 N. Taylor Road			07 15 / Y Y Y Y 2016										
	City	State	Zip Code	Transaction ID : SA11AI.35345										
	mcallen	TX	78501	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item										
	self-employed	phy	vsician	contribution										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General			1										
	Other (specify)	L	3200.00	1										
	Full Name of Individual (Last, First, Middle Initia Cardenas, Carlos, , ,	al) or Full C	Drganization Name	Date of Receipt										
ь.	Mailing Address 1000 N. Taylor Road													
		01-1-	7. 0.1	08 15 / Y Y Y Y 2016										
	City	State TX	Zip Code	Transaction ID : SA11AI.35700										
	mcallen		78501	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual) self-employed		cupation (for Individual) /sician	Memo Item contribution										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		, 3600.00]										
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 1000 N. Taylor Road			M M / D D / Y Y Y Y 09 16 2016										
	City	State	Zip Code	Transaction ID : SA11AI.36050										
	mcallen	TX	78501	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
	self-employed	phys	sician	contribution										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		4000.00	1										
s	UBTOTAL 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 57 OF 386 (check only one) 11a 11a 11b 13 14								
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
Full Name of Individual (Last, First, Middle Init A. Carreras, Jose, , ,	tial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1016 E. Griffin Parkway			07 07 / Y Y Y Y 07 07 2016								
City	State	Zip Code	Transaction ID : SA11AI.34995								
mission	TX	78572	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		400.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
self-employed	phy	sician	contribution								
Receipt For:	Angregate	Year-to-Date ▼									
Primary General	riggrogato										
Other (specify)		2400.00									
Full Name of Individual (Last, First, Middle Init B. Carreras, Jose, , ,	tial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1016 E. Griffin Parkway			07 15 2016								
City	State	Zip Code	Transaction ID : SA11AI.35346								
mission	ТХ	78572	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		400.00								
Name of Employer (for Individual) self-employed		upation (for Individual) /sician	Memo Item contribution								
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		, 2800.00]								
Full Name of Individual (Last, First, Middle Init C. Carreras, Jose, , ,	tial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1016 E. Griffin Parkway			08 / D D / Y Y Y Y 08 15 2016								
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35701								
		10372	Amount of Each Receipt this Period								
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Name of Employer (for Individual)		upation (for Individual)	Memo Item								
self-employed	phys	sician	contribution								
Receipt For:	Aggregate	Year-to-Date V									
Other (specify)		3200.00]								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 OF 386 (check only one) 11a 11a 11b 11c										
		Detailed Odminary 1 age	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 A. Carreras, Jose, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1016 E. Griffin Parkway												
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36051 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		400.00									
Name of Employer (for Individual) self-employed		upation (for Individual) sician	Contribution									
Receipt For: Primary General Other (specify) ▼	1											
Full Name of Individual (Last, First, Middle B. Castaneda, Marissa, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5021 Elk Lane			07 07 2016									
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.34996 Amount of Each Receipt this Period									
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Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution									
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Full Name of Individual (Last, First, Middle C. Castaneda, Marissa, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5021 Elk Lane			07 / D D / Y Y Y Y 2016									
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35347 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	-									
Other (specify)		400.00	1									
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SUBTOTAL of Receipts This Page (optional)	L	_	y		_	,		0.00	C
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SCHEDULE A	(FEC Form 3X)
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PAGE 59 OF

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		Г	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	g contr	ributio	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C												
A.	Full Name of Individual (Last, First, Middle Initia Castaneda, Marissa, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 5021 Elk Lane				08 ^M	1	D D D 15	/ Y	y 201	ү ү 6				
	City Edinburg	State TX	Zip Code 78539		Transaction ID : SA11AI.35702 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-	-		50.00				
	Name of Employer (for Individual) self-employed		pation (for Individual) te investor	c	Montribut		Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]										
В.	Full Name of Individual (Last, First, Middle Initia Castaneda, Marissa, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 5021 Elk Lane				м м 09	/	16	/ Y	2016					
	City Edinburg	State TX	Zip Code 78539	-				SA11AL: eceipt th						
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	c	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00]										
С.	Full Name of Individual (Last, First, Middle Initia Castrillon, Augusto, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 223 Rio Grande Drive				07	/	07	/ Y	2016		1			
	City mission	State TX	Zip Code 78572					SA11AI. eceipt th			_			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		2	50.00				
	Name of Employer (for Individual) self-employed	Occu physi	pation (for Individual) ician	c	Memo Item contribution									
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1750.00														
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 OF 386 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Castrillon, Augusto, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 223 Rio Grande Drive			07 15 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35349 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 2000.00	Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initia Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive	al) or Full O	Organization Name	Date of Receipt
	City mission FEC ID number of contributing	State TX	Zip Code 78572	Transaction ID : SA11AI.35704 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) //sician Year-to-Date ▼ 2250.00	250.00 Memo Item contribution
C.	Full Name of Individual (Last, First, Middle Initia Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive	al) or Full O	Organization Name	Date of Receipt
	City mission	State TX	Zip Code 78572	09 16 2016 Transaction ID : SA11AI.36053 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	phys	upation (for Individual) sician Year-to-Date ▼ 2500.00	contribution
s	UBTOTAL of Receipts This Page (optional)			▶ 750.00

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

SCHEDULE A (FEC Form	3X)
ITEMIZED RECE	IPTS	

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FOR LINE NUMBER:

PAGE 61 OF

386

17			(check only one)											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	>	K 11a		11b	11c		12				
Ar	ny information copied from such Reports and Sta	atomonte m	av not be sold or used by any ne	rson	13	nurn	14	15 f soliciti		16 ntribut		7		
	for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
А.	Full Name of Individual (Last, First, Middle Initia Cavazos-Salas, Norma, , ,	al) or Full C	organization Name		Date of	Red	ceipt							
	Mailing Address 2301 N. Bryan Road				07	/	07			016	Y			
	City	State	Zip Code		Trans	acti	on ID :	: SA11/	AI.349	99				
	mission	TX	78572	_	Amount	t of I	Each F	Receipt	this F	Period				
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	Name of Employer (for Individual) self-employed		upation (for Individual) sician		M contribut		Item							
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	Primary General	Aggregate												
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в.	Full Name of Individual (Last, First, Middle Initia Cavazos-Salas, Norma, , ,		Date of	Red	ceipt									
	Mailing Address 2301 N. Bryan Road				07	1	15) 016	Y			
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	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Proanization Name	_										
C.	Cavazos-Salas, Norma, , ,				Date of	Red	ceipt							
	Mailing Address 2301 N. Bryan Road				08	/	D 15			016 016	Y			
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	Name of Employer (for Individual) self-employed		upation (for Individual) sician		M		ltem							
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SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	-	R LINE			PAG	GE 62 OF 3		
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		11b 14	11c		12 16	
Any information copied from such Reports ar or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	L PAC									
Full Name of Individual (Last, First, Middle A. Cavazos-Salas, Norma, , ,	Initial) or Full C	Organization Name	1	Date of	f Rec	eipt				
Mailing Address 2301 N. Bryan Road				м м 09	/	D 16) / Y	ү 20		
City	State	Zip Code		Trans	actio	on ID :	SA11AI.	3605	4	
mission	TX	78572	/	Amount	t of E	Each F	Receipt th	is Pe	eriod	
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Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item				
self-employed	phy	sician	c	ontribut	ion					
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Primary General		3725.00	11							
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Full Name of Individual (Last, First, Middle	Initial) or Full C	Proanization Name	_							
. Cooper, Virah, , Dr.,		- <u>5</u>	1	Date of	f Rec	eipt				
Mailing Address 1801 South 5th Street suit	e 7			^M 07	/	07) / Y	201	ү 16	
City	State	Zip Code		Trans	actic	n ID :	SA11AL	3500	1	
McAllen	TX	78503	/	Amount	t of E	Each F	Receipt th	is Pe	eriod	
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Name of Employer (for Individual) self-employee		upation (for Individual) rsician	cc	Montribut	emo ion	ltem				
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City	State	Zip Code		Trans	actio	on ID :	SA11AI.	აეაე		
	State TX	Zip Code 78503	/				SA11AI. Receipt th			
City			/					is Pe		

Name of Employer (for Individual)

self-employee

Receipt For:

Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00					
SUBTOTAL of Receipts This Page (optional)		,	,	600.00		
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contribution

Occupation (for Individual)

physician

FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(che	R LINE eck onl 11a 13	y on			PAGE 11c 15	1	3 OF 2 6	386
	y information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)												
	BORDER HEALTH FEDERAL PA												
Α.	Full Name of Individual (Last, First, Middle Initia Cooper, Virah, , Dr.,	l) or Full C	Drga	nization Name		Date of	Red	ceipt					
	Mailing Address 1801 South 5th Street suite 7					08	1	D 15		/ Y	y 201	ү ү 16	
	City State McAllen TX			Zip Code 78503		Trans Amount		-	-	-			
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	Name of Employer (for Individual) self-employee	Occ phy	•	ition (for Individual) an	c	M		Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 900.00									
 Full Name of Individual (Last, First, Middle Initial) or Fu B. Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite 7 				nization Name		Date of	F Red	D		/ Y		Y Y	7
	<u></u>	Chata		Zin Oada	_	09	١.	16	5		201	6	
	City McAllen	State TX		Zip Code 78503		Trans Amount			-				
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C.	Full Name of Individual (Last, First, Middle Initia Cooper-Dockery, Donna, , Dr.,	l) or Full C	Drga	nization Name		Date of	Rec	ceipt					
	Mailing Address 2301 Solera Drive	1 -		1		^M 07	/	07	7	L	201	-	
	City mission	State TX		Zip Code 78572		Trans Amount		-	-	11AI.3			
	FEC ID number of contributing federal political committee.	С								J.	-	125.00)
	Name of Employer (for Individual) self-employee	Occ phys	•	ition (for Individual) an	c	M ontribut		ltem					
_	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 875.00									

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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PAGE 64 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	I d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive	Initial) or Full Organization Name State Zip Code TX 78572	Date of Receipt 07 / 15 / 2016 Transaction ID : SA11AI.35354
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For:	C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive City mission	Initial) or Full Organization Name State Zip Code TX 78572	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	C Occupation (for Individual) physician Aggregate Year-to-Date 1125.00	Memo Item contribution
Full Name of Individual (Last, First, Middle C. Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive	Initial) or Full Organization Name	Date of Receipt
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1250.00	Contribution

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use s for ea Detai

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X 11a

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 Cortez, Oscar, , Dr., Date of Receipt Α. Mailing Address 4101 South Burns Drive 2016 07 07 City State Zip Code Transaction ID : SA11AI.35004 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cortez, Oscar, , Dr., Date of Receipt Mailing Address 4101 South Burns Drive 07 15 2016 City State Zip Code Transaction ID : SA11AI.35356 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cortez, Oscar, , Dr., Date of Receipt Mailing Address 4101 South Burns Drive MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35710 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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

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PAGE

11c

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page			LINE ck only 11a 13		<u>}:</u>	PAGE 11c 15	56 O)F
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)									

NAME OF COMMITTEE (In Full)	
BORDER HEALTH FEDERAL PAC	

V				
Α.	Full Name of Individual (Last, First, Middle Init Cortez, Oscar, , Dr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 4101 South Burns Drive			09 16 / Y Y Y Y 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36061
	McAllen	ТХ	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Self employed	phy	sician	contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		1000.00	
в.	Full Name of Individual (Last, First, Middle Init Cortinas, Diana, , ,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1400 Northgate Lane			07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35005
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) self-employed		upation (for Individual) rsician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 - 3		
	Other (specify) ▼	L	1400.00	
<u></u> с.	Full Name of Individual (Last, First, Middle Init Cortinas, Diana, , ,	tial) or Full C	Organization Name	Date of Receipt
-	Mailing Address 1400 Northgate Lane			07 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35357
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For:	1	Year-to-Date ▼	1
	Primary General Other (specify)		1600.00	
s	UBTOTAL of Receipts This Page (optional)			500.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 67 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC		
Full Name of Individual (Last, First, Middle Cortinas, Diana, , , Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 1800.00	Date of Receipt 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 B. Cortinas, Diana, , , Mailing Address 1400 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C	Prganization Name Zip Code 78504 upation (for Individual) rsician Year-to-Date ▼ 2000.00	Date of Receipt
Full Name of Individual (Last, First, Middle C. Cortinas, Guillermo, , , Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C		Date of Receipt 07 / 2016 Transaction ID : SA11AI.35006 Amount of Each Receipt this Period 50.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)			450.00

TOTAL This Period (last page this line number only)				-9-	_		-9-		_		
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 OF 386 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17											
	y information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Cortinas, Guillermo, , ,	al) or Full C	organization Name	Date of Receipt											
	Mailing Address 1224 Northgate Lane			07 15 2016											
	City	State	Zip Code	Transaction ID : SA11AI.35358											
	mcallen	TX	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
	self-employed		sician	contribution											
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼		400.00]											
	Full Name of Individual (Last, First, Middle Initi Cortinas, Guillermo, , ,	al) or Full C	organization Name	Date of Receipt											
Ъ.	Mailing Address 1224 Northgate Lane														
	Maining Address 1224 Northgate Lane			08 15 2016											
	City	State	Zip Code	Transaction ID : SA11AI.35712											
	mcallen	ТХ	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		50.00											
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]											
с.	Full Name of Individual (Last, First, Middle Initi Cortinas, Guillermo, , ,	al) or Full C	organization Name	Date of Receipt											
	Mailing Address 1224 Northgate Lane			09 / D D / Y Y Y Y Y 09 16 2016											
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.36063 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution											
	Receipt For:	1	Year-to-Date ▼	-											
	Primary General Other (specify)	, ggrogate	500.00	1											
s	UBTOTAL of Receipts This Page (optional)			150.00											

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SCHEDULE A (FEC Form 3X)	
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Any information copied from such Reports or for commercial purposes, other than usi	and Statements main and statements main and and and and and and and and and an	y not be sold or used by any p Idress of any political committee	erson fo	or the	purp ntrib	oose of	solicitin	g cor ch co	ntributi	ions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC													
Full Name of Individual (Last, First, Mide A. Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occu phys	Zip Code 78504 pation (for Individual)		mount	, acti : of	07	SA11AI Receipt ti	20 1 .350						
B. Full Name of Individual (Last, First, Mide Cortinas, Javier, , , Mailing Address 1400 Northgate	dle Initial) or Full Or	ganization Name	_	ate of	Re	D E			Y I	Y				
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504		07 15 2016 Transaction ID : SA11AI.35359 Amount of Each Receipt this Period 250.00										
Name of Employer (for Individual) self-employed Receipt For:	phys	pation (for Individual) ician	cor	Memo Item contribution										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]											
C. Full Name of Individual (Last, First, Mide Cortinas, Javier, , , Mailing Address 1400 Northgate	dle Initial) or Full Or	ganization Name	_	ate of	Re	ceipt			016	Y				
City mcallen	State TX	Zip Code 78504		Trans		ion ID :	SA11AI	1.357 [,]	13					
FEC ID number of contributing federal political committee.	С		ļ	_		y .	,	_	250.0	0				
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	physi	pation (for Individual) cian Year-to-Date ▼ 2250.00	cor	M) Item								
SUBTOTAL of Receipts This Page (option	nal)					,	. ,	_	750.0)0				

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	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	name and a			erson for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name of Individual (Last, First, Middle Init Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General	State TX C Occu phys	upat	Zip Code 78504 tion (for Individual)	Date of Receipt
В.	General Other (specify) ▼ Full Name of Individual (Last, First, Middle Init Costa, Hildegardo, , Dr., Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	supat	Zip Code 78504 tion (for Individual)	Date of Receipt 07 07 2016 Transaction ID : SA11AI.35008 Amount of Each Receipt this Period 50.00 Memo Item contribution
с.	Full Name of Individual (Last, First, Middle Init Costa, Hildegardo, , Dr., Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	upat	Zip Code 78504	Date of Receipt 07 / 15 / 2016 Transaction ID : SA11AI.35360 Amount of Each Receipt this Period 50.00 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)	C		9		,	350	0.00	
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SCHEDULE A	(FEC Form 3X)
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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c **Detailed Summary Page** 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 Costa, Hildegardo, , Dr., Α. Date of Receipt Mailing Address 129 Bluebird 1 2016 08 15 City Zip Code State Transaction ID : SA11AI.35714 TΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Costa, Hildegardo, , Dr., Date of Receipt Mailing Address 129 Bluebird 09 16 2016 City State Zip Code Transaction ID : SA11AI.36065 ТΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Darling, James, , , Date of Receipt Mailing Address 1225 E Peking MM 07 07 2016 City Zip Code State Transaction ID : SA11AI.35009 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE

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CHEDULE A (FEC Form 3	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 OF 3 (check only one) I1a 11b 11c 12 13 14 15 16 I6
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER Full Name of Individual (Last, First, Mid	_	ganization Name	
		J	
Darling, James, , ,			Date of Receipt
	State	Zip Code	Date of Receipt 07 / 15 / 2016 Transaction ID : SA11AI.35361
Darling, James, , , Mailing Address 1225 E Peking	State TX		07 / 15 / Y Y Y Y 2016

Α.	Darling, James, , ,		Date of Receipt
	Mailing Address 1225 E Peking		07 / D D / Y Y Y Y 07 15 2016
	City	State Zip Code	Transaction ID : SA11AI.35361
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	selfemployed	private investor	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
В.	Full Name of Individual (Last, First, Middle Ini Darling, James, , ,	tial) or Full Organization Name	Date of Receipt
	Mailing Address 1225 E Peking		08 15 2016
	City	State Zip Code	Transaction ID : SA11AI.35715
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Darling, James, , ,	tial) or Full Organization Name	Date of Receipt
	Mailing Address 1225 E Peking		09 / 16 / Y Y Y Y 09 16 2016
	City	State Zip Code	Transaction ID : SA11AI.36066
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	selfemployed	private investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	Г								450	0.00	
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SCHEDULE A	(FEC Form 3)	()
ITEMIZED REC	EIPTS	

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 11c 12 **Detailed Summary Page** 14 13 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 Deanda, David, , , Date of Receipt Α. Mailing Address 2408 Dorado M M 1 2016 07 07 City Zip Code State Transaction ID : SA11AI.35010 TΧ mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 07 15 2016 City State Zip Code Transaction ID : SA11AI.35362 ТΧ mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35716 ТΧ mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2100.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)					E NU ly or	IMBER ne) 11b		PAGE	74 OF	386				
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	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F Full Name of Individual (Last, First, Middle Initi	name and a	addre	ess of any political committee												
Α.	Deanda, David, , ,	al) of Full C	Jigai	lization Name		Date o	f Re	ceipt								
	Mailing Address 2408 Dorado				09 16 2016 Transaction ID : SA11AI.36068											
	City	State		Zip Code		Trans	sacti	ion ID	: SA′	11AI.36	068					
	mission	ТХ		78574		Amoun	t of	Each	Rece	ipt this	Period					
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	self-employed Receipt For:	· ·		nvestor	C(ontribu	tion									
	Primary General Other (specify) ▼	Aggregate	Yea	rr-to-Date ▼ 2200.00												
в.	Full Name of Individual (Last, First, Middle Initi De La Garza, Jorge, , , Mailing Address 120 Condor	al) or Full C	Drgar	nization Name		Date o		ceipt			y y y 2016	Ŷ				
	City	State		Zip Code	- '	Trans	acti	on ID	· SA1	1AI.35						
	mcallen	ТХ		78504				-	-							
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	Name of Employer (for Individual) self-employed	Occupation (for Individual) physician				Memo Item contribution										
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	Other (specify) ▼		,	1750.00]											
C.	Full Name of Individual (Last, First, Middle Initi De La Garza, Jorge, , ,	al) or Full C	Orgai	nization Name		Date o	f Re	ceipt								
	Mailing Address 120 Condor					07	/	D 15			2016 2016	Y				
	City	State		Zip Code		Trans	sact	ion ID	: SA	11AI.35	364					
	mcallen	TX		78504	/	Amoun	t of	Each	Rece	ipt this	Period					
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	Name of Employer (for Individual)		•	tion (for Individual)	Memo Item											
	self-employed	phys			C	ontribu	ition									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson fo						ributic			
$\overline{\langle}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	BORDER HEALTH FEDERAL PA	AC											
Α.	Full Name of Individual (Last, First, Middle Initia De La Garza, Jorge, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 120 Condor	1		08 / D D / Y Y Y Y 2016									
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35718 Amount of Each Receipt this Period									
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	Primary General	.99.094.0											
	Other (specify) v		2250.00										
D	Full Name of Individual (Last, First, Middle Initia De La Garza, Jorge, , ,) or Full O	rganization Name		ate o	f Do	opint						
D.	Mailing Address 120 Condor							/ Y	Y	Y Y	-		
	City	State	Zip Code	-	09	١.	16		2016	-			
	mcallen	TX	78504					SA11AI. eceipt th					
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution									
		Aggregate	Year-to-Date 🔻										
	Other (specify)		2500.00										
C.	Full Name of Individual (Last, First, Middle Initia Delgado, Luis, , , Jr.) or Full Oi	rganization Name	Da	ate o	f Re	ceipt						
	Mailing Address 5128 N. 10th				07	/	D D D 07	/ Y	2016		1		
	City Mcallen	State TX	Zip Code 78504					SA11AI					
	FEC ID number of contributing federal political committee.	C	10004	Ar	noun	t of	Each R	eceipt th		riod 200.00)		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	selfemployed Receipt For:	phys			iinbu	lion							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1350.00										
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	City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate	sicia Yea	ar-to-Date ▼ 1550.00	07 15 2016 Transaction ID : SA11AI.35367 Amount of Each Receipt this Period 200.00 Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initi Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	upa	Zip Code 78504	Date of Receipt
с.	Full Name of Individual (Last, First, Middle Initi Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C Occu phys	upa	Zip Code 78504 tion (for Individual)	Date of Receipt

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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 OF 386 (check only one) I1a 11b 11c 12 IIa 11b 11c 12 13 14 15 16 17
				/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
	Full Name of Individual (Last, First, Middle Initia Desai, Parul, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 7004 North 1st			M M / D D / Y Y Y Y 07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35017
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Full Name of Individual (Last, First, Middle Initia Desai, Parul, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 7004 North 1st			07 15 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35368 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V	L	, 800.00	
С.	Full Name of Individual (Last, First, Middle Initia Desai, Parul, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 7004 North 1st			08 / D D / Y Y Y Y 2016
-	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item
	Receipt For:	1	Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify)		900.00	
s	JBTOTAL of Receipts This Page (optional)			300.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 OF 386 (check only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any pa address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Desai, Parul, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 7004 North 1st City	State	Zip Code	09 16 2016 Transaction ID : SA11AI.36074
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
в.	Full Name of Individual (Last, First, Middle Initia Desai, Satish, D., Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 7004 North 1st	Otata	Zin Onde	07 07 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35018 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 350.00	
с.	Full Name of Individual (Last, First, Middle Initia Desai, Satish, D., Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 7004 North 1st			07 / D D / Y Y Y Y 07 15 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35369 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00	
s	UBTOTAL of Receipts This Page (optional)			200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC												
Α.	Full Name of Individual (Last, First, Middle Init Desai, Satish, D., Dr., Mailing Address 7004 North 1st	ial) or Full O	Drgar	nization Name	_	Date o	of R	eceipt	D / Y	2016	Y			
	City	State		Zip Code	-		620		' : SA11AI.		_			
	McAllen	TX		78504							4			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual)			ion (for Individual)		N	1em	o Item						
	selfemployed	phy	vsicia	n	C	ontribu	ition							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 450.00										
В.	Full Name of Individual (Last, First, Middle Init Desai, Satish, D., Dr., Mailing Address 7004 North 1st	ial) or Full O	Orgar	nization Name		Date o	of R	/ D	D / Y	YYY	Y			
						09		16	;	2016	_			
	City	State		Zip Code					SA11AI.					
	McAllen	TX		78504	- '	Amour	nt of	Each I	Receipt th	nis Perio	k			
	FEC ID number of contributing federal political committee.	С							50	.00				
	Name of Employer (for Individual) selfemployed		cupat /sicia	ion (for Individual) In	co	N ontribu		o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00										
с.	Full Name of Individual (Last, First, Middle Init Disque, Laura, , Ms,	ial) or Full O	Drgar	nization Name		Date o	of R	eceipt						
	Mailing Address 2020 Anacua Circle					[™] 07		07		2016 Y	Y			
	City	State		Zip Code		Tran	sac	tion ID	: SA11AI	.35019				
	Edinburg	TX		78539	_ '	Amour	nt of	Each I	Receipt th	nis Perio	ł			
	FEC ID number of contributing federal political committee.	С						,	5	50	.00			
	Name of Employer (for Individual) self-employed		•	ion (for Individual) nvestor	Memo Item contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 300.00										
s	UBTOTAL of Receipts This Page (optional)			•			l	,	9	150	.00			

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 OF 386 (check only one)										
IT	EMIZED RECEIPTS													
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	y information copied from such Reports and Sta for commercial purposes, other than using the r													
\square	NAME OF COMMITTEE (In Full)													
$\left \right\rangle$	BORDER HEALTH FEDERAL PA	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Disque, Laura, , Ms,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 2020 Anacua Circle			Date of Receipt										
			7.0.1	07 / D D / Y Y Y Y 2016										
	City	State	Zip Code	Transaction ID : SA11AI.35370										
	Edinburg	ТХ	78539	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item										
	self-employed		vate investor	contribution										
	Receipt For:	·												
	Primary General	Aggregate	Year-to-Date V	_										
	Other (specify) V		350.00											
			-gsgsas.	1										
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name											
В.	Disque, Laura, , Ms,	,	0	Date of Receipt										
	Mailing Address 2020 Anacua Circle													
				08 15 2016										
	City	State	Zip Code	Transaction ID : SA11AI.35724										
	Edinburg	TX	78539	Amount of Each Receipt this Period										
	FEC ID number of contributing													
	federal political committee.	С		50.00										
	Name of Employer (for Individual)	000	substice (for Individual)	Memo Item										
	self-employed		cupation (for Individual) vate investor	contribution										
	Receipt For:													
	Primary General	Aggregate	Year-to-Date ▼	-										
	Other (specify) V		400.00											
				-										
C	Full Name of Individual (Last, First, Middle Initia Disque, Laura, , Ms,	al) or Full C	Organization Name	Date of Receipt										
J.	Mailing Address 2020 Anacua Circle													
				09 16 2016										
	City	State	Zip Code	Transaction ID : SA11AI.36076										
	Edinburg	ТХ	78539	Amount of Each Receipt this Period										
	FEC ID number of contributing													
	federal political committee.	С		50.00										
	·													
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
	self-employed	priva	ate investor	contribution										
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		150.00	1										
	Other (specify)		450.00											
_														
				450.00										
S	UBTOTAL of Receipts This Page (optional)		······	150.00										

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

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				Detailed Summary Page	2		11a		11b	11c		12					
<u> </u>							13		14	15		16	17				
	y information copied from such Reports and Si for commercial purposes, other than using the																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																
	BORDER HEALTH FEDERAL F	PAC															
Α.	Full Name of Individual (Last, First, Middle Init Duran, Alberto, , ,	ial) or Full C	Orga	nization Name		Da	ate of	Re	eceipt								
	Mailing Address 1615 Palazzo					07 07 / Y Y Y Y 2016											
	City	State		Zip Code		Transaction ID : SA11AI.35021											
	mission	TX		78572						eceipt th							
	FEC ID number of contributing federal political committee.	С							-			400.00					
	Name of Employer (for Individual)		•	tion (for Individual)		C			Item								
	selfemployed Receipt For:		ysicia		_ (con	tribut	ion									
	Primary General	Aggregate	e Yea	ar-to-Date ▼													
	Other (specify) ▼		-	2650.00													
	Full Name of Individual (Last, First, Middle Init Duran, Alberto, , ,	ial) or Full C	Orga	nization Name			ata of		agint					_			
D.					_	_	ate of	Re									
	Mailing Address 1615 Palazzo						07	1	D D	/ Y	20	016	Y				
	City	State		Zip Code						SA11AI.							
	mission	ТХ		78572	_	Ar	nount	of	Each R	eceipt th	is P	'eriod					
	FEC ID number of contributing federal political committee.	С						-		_	400.	00					
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician						Memo Item									
	Receipt For:		-	ar-to-Date ▼	-												
	Primary General	Ayyreyale															
	Other (specify) V	L	y	3050.00	4												
с.	Full Name of Individual (Last, First, Middle Init Duran, Alberto, , ,	ial) or Full C	Orga	nization Name		Da	ate of	Re	eceipt								
	Mailing Address 1615 Palazzo					Γ	08 ^M	1	D D 15	/ Y) 216	Y				
	City	State		Zip Code			Trans	act	ion ID :	SA11AI	.357	26					
	mission	TX		78572		Ar	nount	of	Each R	eceipt th	is F	'eriod					
	FEC ID number of contributing federal political committee.	С				Ę			,	. ,	_	400.0	00				
	Name of Employer (for Individual) selfemployed		cupa /sicia	tion (for Individual) an		cor	Me		tem								
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 3450.00													
s	UBTOTAL of Receipts This Page (optional)			•••••	I 				,	, ,		1200.()0				

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SCHEDULE A (FEC Form 3X)	<u> </u>
ITEMIZED RECEIPTS	f C

Use separate schedule(s) or each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Duran, Alberto, , , Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 3850.00	Date of Receipt
В.	Full Name of Individual (Last, First, Middle In Elizondo, Oneida, , Ms, Mailing Address 2411 Durango Drive City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	Zip Code 78572 upation (for Individual) ate investor Year-to-Date ▼ 225.00	Date of Receipt 08 15 2016 Transaction ID : SA11AI.35727 Amount of Each Receipt this Period 25.00 Memo Item contribution
С.	Other (specify) Full Name of Individual (Last, First, Middle In Elizondo, Oneida, , Ms, Mailing Address 2411 Durango Drive City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C		Date of Receipt 09 / 16 / 2016 Transaction ID : SA11AI.36079 Amount of Each Receipt this Period 25.00 Memo Item contribution
s	SUBTOTAL of Receipts This Page (optional)		apr 1 apr 1 arr	450.00

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

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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 83 OF 386 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.
N	IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
	ull Name of Individual (Last, First, Middle In Eshwar, Kotthegal, , ,	itial) or Full C	rganization Name	Date of Receipt
_	Iailing Address 108 Yellow Hammer			07 07 / Y Y Y Y 2016
	Xity	State	Zip Code	Transaction ID : SA11AI.35023
n 	ncallen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		50.00
N	lame of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
S	elfemployed	phy	sician	contribution
R	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		050.00	
	Other (specify) v		350.00	
	ull Name of Individual (Last, First, Middle In Eshwar, Kotthegal, , ,	itial) or Full C	rganization Name	Date of Receipt
M	Iailing Address 108 Yellow Hammer			07 15 2016
С	Sity	State	Zip Code	Transaction ID : SA11AI.35374
<u>n</u>	ncallen	TX	78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		50.00
	lame of Employer (for Individual) elfemployed		upation (for Individual) sician	Memo Item contribution
R	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		400.00	
	Other (specify) v		400.00	
C	ull Name of Individual (Last, First, Middle In Eshwar, Kotthegal, , ,	itial) or Full C	rganization Name	Date of Receipt
M	Iailing Address 108 Yellow Hammer			08 15 / Y Y Y Y 2016
	Sity	State	Zip Code	Transaction ID : SA11AI.35728
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		50.00
N	lame of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	elfemployed		sician	contribution
	Receipt For:	1. 2		
R		Δaaroaato	Year-to-Date 🔻	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Jse separate schedule(s) or each category of the	(ch	eck on		ı ´	: PAG	iE a	84 OF	386					
•••				Detailed Summary Page	×			11b	11c		12						
						13		14	15		16	17					
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)																
	BORDER HEALTH FEDERAL F	PAC															
Α.	Full Name of Individual (Last, First, Middle Init Eshwar, Kotthegal, , ,	tial) or Full	Orgar	nization Name		Date o	f Re	eceipt									
	Mailing Address 108 Yellow Hammer					09 16 / Y Y Y Y 2016											
	City	State		Zip Code		Trans	sact	ion ID	SA11AI	.360	80						
	mcallen	TX		78504		Amoun	t of	Each I	Receipt t	nis F	Period						
	FEC ID number of contributing federal political committee.	С			50.00												
	Name of Employer (for Individual)	Oc	cupat	ion (for Individual)		M	lemo	Item									
	selfemployed	ph	iysicia	n	с	ontribu	tion										
	Receipt For:	Aggregat	e Yea	r-to-Date ▼													
	Primary General				11												
	Other (specify) v		-y-	500.00	1												
В.	Full Name of Individual (Last, First, Middle Init Esparza, Antonio, , ,	tial) or Full	Orgar	nization Name		Date o	f Re	eceipt									
	Mailing Address 136 W. Yucca					^M 07	/	D 07)16						
	City	State		Zip Code		Trans	acti	on ID :	SA11AL	350	24						
	mcallent	TX		78504		Amoun	t of	Each I	Receipt t	nis F	Period						
	FEC ID number of contributing federal political committee.	С				<u> </u>			1 95		400.00)					
	Name of Employer (for Individual) selfemployed		ccupat	ion (for Individual) In	C	Ontribut		Item									
	Receipt For:	Aggregat	e Yea	r-to-Date ▼													
	Primary General	riggiogai	o iou		11.												
	Other (specify) ▼		y	2650.00													
C.	Full Name of Individual (Last, First, Middle Init Esparza, Antonio, , ,	tial) or Full	Orgar	nization Name		Date o	f Re	eceipt									
	Mailing Address 136 W. Yucca					07	/	D 15			016						
	City	State		Zip Code		Trans	sact	ion ID	SA11A	.353	75						
	mcallent	TX		78504		Amoun	t of	Each I	Receipt t	nis F	Period						
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	. ,		400.00)					
	Name of Employer (for Individual) selfemployed		cupat ysicia	ion (for Individual) n	c	N		tem									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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X 11a 11b 11c 12 14 13 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 Esparza, Antonio, , , Date of Receipt Α. Mailing Address 136 W. Yucca 1 2016 08 15 City Zip Code State Transaction ID : SA11AI.35729 TΧ mcallent 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Esparza, Antonio, , , Date of Receipt Mailing Address 136 W. Yucca 09 16 2016 City State Zip Code Transaction ID : SA11AI.36081 ТΧ mcallent 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 3850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estrellando, Johnny, , Dr., Date of Receipt Mailing Address 2113 La Condesa Drive MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35730 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 825.00 SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 OF 386 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Estrellando, Johnny, , Dr.,	al) or Full O	Organization Name	Date of Receipt									
	Mailing Address 2113 La Condesa Drive			09 16 2016									
	City	State	Zip Code	Transaction ID : SA11AI.36082									
	Edinburg	TX	78539	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Self employed	phy	sician	contribution									
	Receipt For:		Year-to-Date ▼										
	Primary General	Aggregate											
	Other (specify) V		250.00]									
В.	Full Name of Individual (Last, First, Middle Initi Falcon, Antonio, , ,	al) or Full O	Organization Name	Date of Receipt									
	Mailing Address 2768 Pharmacy Road			07 07 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35026									
	rio grande city	ТХ	78582	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) rsician	Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 700.00]									
с.	Full Name of Individual (Last, First, Middle Initi Falcon, Antonio, , ,	al) or Full O	Organization Name	Date of Receipt									
	Mailing Address 2768 Pharmacy Road			07 / D D / Y Y Y Y 2016									
	City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.35377									
			70302	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution									
	Receipt For:		Year-to-Date ▼										
	Primary General	Ayyreyale											
	Other (specify)	L	800.00	1									
s	UBTOTAL of Receipts This Page (optional)			225.00									

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 OF 386 (check only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road	al) or Full O	Organization Name	Date of Receipt
	City rio grande city	State TX	Zip Code 78582	08 15 2016 Transaction ID : SA11AI.35731 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employed		supation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
в.	Full Name of Individual (Last, First, Middle Initia Falcon, Antonio, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 2768 Pharmacy Road			09 / D D / Y Y Y Y Y 2016
	City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.36083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) /sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
с.	Full Name of Individual (Last, First, Middle Initia Falcon, Maria Elena, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 2212 Westway			07 / D D / Y Y Y Y 2016
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35027 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employed		supation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00	
s	UBTOTAL of Receipts This Page (optional)			450.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

Image# 201705269055155870

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name of Individual (Last, First, Mide Falcon, Maria Elena, , , Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occ phy	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 2000.00	Date of Receipt
B. Full Name of Individual (Last, First, Mide Falcon, Maria Elena, , , Mailing Address 2212 Westway City	State	Zip Code	Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	phy	78504 upation (for Individual) sician Year-to-Date ▼ 2250.00	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Midd C. Falcon, Maria Elena, , , Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C Occ phys	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 2500.00	Date of Receipt
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 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 Feigl, Alexander, , Dr., Date of Receipt Α. Mailing Address 110 E. Savannah #101 2016 07 07 City State Zip Code Transaction ID : SA11AI.35028 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Feigl, Alexander, , Dr., Date of Receipt Mailing Address 110 E. Savannah #101 07 15 2016 City State Zip Code Transaction ID : SA11AI.35379 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Feigl, Alexander, , Dr., Date of Receipt Mailing Address 110 E. Savannah #101 MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35733 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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X 11a 11b 12 11c 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 Feigl, Alexander, , Dr., Α. Date of Receipt Mailing Address 110 E. Savannah #101 M M 1 2016 09 16 City State Zip Code Transaction ID : SA11AI.36085 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 07 07 2016 City State Zip Code Transaction ID : SA11AI.35029 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35380 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify)

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or	for commercial purposes, other than using the	name and	addr	ess of any political committee	to so	licit co	ntrik	outions	from suc	, 00 h co	ommitt	ee.				
\backslash	NAME OF COMMITTEE (In Full)															
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-	Full Name of Individual (Last, First, Middle Init Flores, Melissa, P., Ms,	ial) or Full (Orga	nization Name		Date of		acaint								
0.	Mailing Address 4420 East Mile 17 1/2) / V	V	Y	Y				
						08	Ľ	15			016					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

X 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 Flores, Melissa, P., Ms, Α. Date of Receipt Mailing Address 4420 East Mile 17 1/2 2016 09 16 City Zip Code State Transaction ID : SA11AI.36088 Edinburg TΧ 78542 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Franklin, Raymond, , Mr., Date of Receipt Mailing Address 3212 Nightingale Court 07 2016 07 City State Zip Code Transaction ID : SA11AI.35032 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Franklin, Raymond, Mr., Date of Receipt Mailing Address 3212 Nightingale Court MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35383 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

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Ar	y information copied from such Reports and Si	tatements ma	Ay not be sold or used by any pe	ersor	13 n for the	pur	14 pose of	15 soliciting	g con	16 htributio	17 ons		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		Detailed Summary Page	×	_		11b	11c		12											
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	EDERAL PAC																			
Full Name of Individual (Last, F A. Galindo, Eugenio, , ,	irst, Middle Initial) or Full O	rganization Name		Date o	of Re	eceipt														
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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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 Garcia, Elvin, , , Date of Receipt Α. Mailing Address 2800 Santa Teresa M M 1 2016 07 07 City State Zip Code Transaction ID : SA11AI.35034 TΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Elvin, , , Date of Receipt Mailing Address 2800 Santa Teresa 07 15 2016 City State Zip Code Transaction ID : SA11AI.35385 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 3050.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garcia, Elvin, , , Date of Receipt Mailing Address 2800 Santa Teresa MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35739 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3450.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11 14	H	11c 15	12 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the																
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	mission	ТХ		78572		Amou	Int	of Fa	ich B	Receipt th	is Perio	4					
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в.	Full Name of Individual (Last, First, Middle Init Garcia, Hiram, , ,	ial) or Full O)rga	anization Name		Date	of	Recei	ipt								
	Mailing Address 2712 E Mile 5 Road					07 07 2016											
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	Mission	TX		78574		Amou	Int	of Ea	ch R	Receipt th	eceipt this Period						
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	Mailing Address 2712 E Mile 5 Road					07		/	15		2016	Ŷ					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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X 11a 11b 12 11c 14 13 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 Garcia, Hiram, , , Date of Receipt Α. Mailing Address 2712 E Mile 5 Road M M 1 2016 08 15 City State Zip Code Transaction ID : SA11AI.35740 TΧ Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Hiram, , , Date of Receipt Mailing Address 2712 E Mile 5 Road 09 16 2016 City State Zip Code Transaction ID : SA11AI.36092 ТΧ Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.35038 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 OF 386 (check only one)
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Α.	Full Name of Individual (Last, First, Middle Initi Garcia, Oscar, , Dr.,	ial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1717 Palazzo			07 / D D / Y Y Y Y 15 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.35389
	Mission		78572	Amount of Each Receipt this Period
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	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	self-employed	phy	vsician	contribution
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	Primary General Other (specify) ▼		3200.00	
— B	Full Name of Individual (Last, First, Middle Initi Garcia, Oscar, , Dr.,	ial) or Full C	Drganization Name	Date of Receipt
υ.	Mailing Address 1717 Palazzo			
				08 15 _2016 _
	City	State	Zip Code	Transaction ID : SA11AI.35743
	Mission	TX	78572	Amount of Each Receipt this Period
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	Name of Employer (for Individual) self-employed		cupation (for Individual) ysician	Memo Item contribution
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Garcia, Oscar, , Dr.,	ial) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1717 Palazzo			09 16 2016
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36094 Amount of Each Receipt this Period
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	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	self-employed	phys	sician	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		4000.00]
s	UBTOTAL of Receipts This Page (optional)			1200.00

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

Image# 201705269055155881			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 OF 386 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and a		person for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle A. Garcia, Ricardo, , Dr., Mailing Address 6108 North 5th Street	Initial) or Full C	Drganization Name	Date of Receipt
City McAllen	State TX	Zip Code 78504	07 07 2016 Transaction ID : SA11AI.35040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	supation (for Individual)	100.00 Memo Item
self-employed Receipt For: Primary General Other (specify) ▼	phy	ysician • Year-to-Date ▼ 700.00	contribution
Full Name of Individual (Last, First, Middle I B. Garcia, Ricardo, , Dr., Mailing Address 6108 North 5th Street City McAllen	Initial) or Full C State TX	Zip Code 78504	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	phy	cupation (for Individual) ysician Year-to-Date ▼	Memo Item contribution
C. Garcia, Ricardo, , Dr., Mailing Address 6108 North 5th Street	brganization Name	Date of Receipt	
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	08 15 2016 Transaction ID : SA11AI.35745 Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	phy	cupation (for Individual) sician • Year-to-Date ▼ 900.00	Memo Item contribution

SUBTOTAL of Receipts This Page (optional)		l	y		,	30	0.00	
TOTAL This Period (last page this line number only)	E		-		-		-	

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SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEE	DERAL PAC									
Full Name of Individual (Last, First Garcia, Ricardo, , Dr.,	, Middle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6108 North 5th St			09 / 16 / Y Y Y Y 2016							
City	State	Zip Code	Transaction ID : SA11AI.36096							
McAllen	TX	78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
self-employed	phy	sician	contribution							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General										
Other (specify) ▼		1000.00								
Full Name of Individual (Last, First B. Garcia, Samuel, , Dr.,	, Middle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 137 E. Guardenia										
City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35041 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution							
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		, 700.00]							
Full Name of Individual (Last, First C. Garcia, Samuel, , Dr.,	· · ·	rganization Name	Date of Receipt							
Mailing Address 137 E. Guardenia			07 15 / Y Y Y Y 2016							
City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35392							
		78501	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
self-employed	phys	sician	contribution							
Receipt For:	Addredate	Year-to-Date ▼								
Primary General Other (specify)		800.00								
SUBTOTAL of Receipts This Page (optional)		300.00							

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	age# 201703203033133003													
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(cł	DR LINE heck on			: PAG	E 101 OF	386				
			Detailed Summary Page				14	15	16	17				
	y information copied from such Reports and S for commercial purposes, other than using the						oose o	f soliciting	g contributio	ons				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I													
Α.	Full Name of Individual (Last, First, Middle Ini Garcia, Samuel, , Dr.,	tial) or Full O	Organization Name		Date of Receipt									
	Mailing Address 137 E. Guardenia				08 15 2016									
	City	State	Zip Code		Tran	sacti	on ID :	SA11AI	.35746					
	McAllen	TX	78501		Amour	nt of	Each F	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	C					y	-	100.00)				
	Name of Employer (for Individual)	Occi	upation (for Individual)		N	1emo	Item							
	self-employed	phys	sician		contribu	ition								
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	, iggi oguto		- L.										
	Other (specify) v	L	900.00	4										
D	Full Name of Individual (Last, First, Middle Ini Garcia, Samuel, , Dr.,	tial) or Full O	Organization Name		Date c	of Po	coint							
υ.	Mailing Address 137 E. Guardenia			09 16 2016										
	City	State	Zip Code		Trans	sacti	on ID ·	SA11AI.	36007					
	McAllen	тх	78501						nis Period					
	FEC ID number of contributing federal political committee.	С		100.00										
	Name of Employer (for Individual) self-employed		upation (for Individual) rsician		N contribu		Item							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		1000.00	1000.00										
			, , , , , , , , , , , , , , , , , , , ,	_										
C.	Full Name of Individual (Last, First, Middle Ini Garcia, Teresa Maria, , Ms,	tial) or Full O	Organization Name		Date c	of Re	ceipt							
	Mailing Address 6001 N. 36th Street	1			M 08	1	D 15	D / Y	2016					
	City	State	Zip Code		Tran	sacti	ion ID	: SA11AI	.35747					
	McAllen	TX	78504		Amour	nt of	Each F	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer (for Individual)	Occu	upation (for Individual)		N	lemo	Item							
	Self employed	inve	stor		contribution									
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General													
	Other (specify)		225.00											

SUBTOTAL of Receipts This Page (optional)						22	5.00	
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TOTAL This Period (last page this line number only)			-	 		 		

	age# 201703203033133004																
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		. ,					Use separate schedule(s)					NU y on	, 11b	1 [,]	lc	102 OF	_
	ny information copied from such Reports and Sta for commercial purposes, other than using the r									iting o							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.																
Α.	Full Name of Individual (Last, First, Middle Initia Garcia, Teresa Maria, , Ms,	al) or Full C	Orgai	nization Name	Date of Receipt												
	Mailing Address 6001 N. 36th Street						09 / 16 / Y Y Y Y 2016										
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.36098 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			25.00												
	Name of Employer (for Individual) Self employed		upat estor	tion (for Individual)	со	M		Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00	1												
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240						f Re	ceipt			y y y y y y y y y y y y y y y y y y y	Y					
	City	State		Zip Code		07 Trans		on ID :	: SA1	1AI.35	043						
	Mcallen FEC ID number of contributing federal political committee.	С		78504	A	Amount of Each Receipt this Period											
	Name of Employer (for Individual) selfemployed	Occ phy	со	Memo Item contribution													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2650.00]												
с.	Full Name of Individual (Last, First, Middle Initia Garcia-Cantu, Carlos, , Dr.,	al) or Full C	Drgai	nization Name	D	ate of	Re	ceipt									
	Mailing Address 4121 N. 10th #240					^M 07	′	D 15			ү 2016	Y					
	City Mcallen	State TX		Zip Code 78504	Transaction ID : SA11AI.35394 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С	ļ	400.00													
	Name of Employer (for Individual) selfemployed	Occ phys	•	tion (for Individual) n	со	contribution											
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 3050.00]												

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 103 OF 386									
			Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12									
			Detailed Summary Fage										
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full)												
	BORDER HEALTH FEDERAL P	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Garcia-Cantu, Carlos, , Dr.,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 4121 N. 10th #240			08 / D D / Y Y Y Y 08 15 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35748									
	Mcallen	TX	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item									
	Receipt For:	Aggragata	Veer to Date										
	Primary General	Ayyreyale	Year-to-Date ▼										
	Other (specify) V		3450.00										
в.	Full Name of Individual (Last, First, Middle Initia Garcia-Cantu, Carlos, , Dr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 4121 N. 10th #240	09 16 2016											
	City	State	Zip Code	Transaction ID : SA11AI.36099									
	Mcallen	тх	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		, 3850.00]									
с.	Full Name of Individual (Last, First, Middle Initia Garza, Anna, , Ms,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 3212 S Boyce Circle			08 / D D / Y Y Y Y 2016									
	City Donna	State TX	Zip Code 78557	Transaction ID : SA11AI.35750									
			10001	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	selfemployed	priva	ate investor	contribution									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify)		225.00]									
s	UBTOTAL of Receipts This Page (optional)			825.00									

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

	IEDULE A (FEC Form 3X) WIZED RECEIPTS	Use separate schedule(s)											
				13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	AME OF COMMITTEE (In Full)	AC											
	III Name of Individual (Last, First, Middle Initia Sarza, Anna, , Ms,	al) or Full C	Organization Name	Date of Receipt									
_	ailing Address 3212 S Boyce Circle			09 / 16 / Y Y Y Y 2016									
Ci		State	Zip Code	Transaction ID : SA11AI.36101									
D	onna	TX	78557	Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		25.00									
Na	ame of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	lfemployed	priv	ate investor	contribution									
	eceipt For:		Year-to-Date ▼	-									
Γ	Primary General	Ayyreyale											
-	Other (specify) V		250.00	1									
	III Name of Individual (Last, First, Middle Initia Garza, James, , Dr.,	al) or Full C	Organization Name	Date of Receipt									
M	ailing Address 2821 Lakeshore Drive			07 07 2016									
Ci	ty	State	Zip Code	Transaction ID : SA11AI.35046									
E	dinburg	ТХ	78539	Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		400.00									
	ame of Employer (for Individual) If-employed		cupation (for Individual) /sician	Memo Item contribution									
	eceipt For:	Aggregate	Year-to-Date V										
-	Primary General Other (specify) ▼		, 2800.00]									
c (III Name of Individual (Last, First, Middle Initia Garza, James, , Dr.,	al) or Full C	Organization Name	Date of Receipt									
	ailing Address 2821 Lakeshore Drive			07 D D / Y Y Y Y 2016									
Ci E	ty dinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35397 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		400.00 Memo Item contribution									
Na	ame of Employer (for Individual)	Occ	upation (for Individual)										
	elf-employed	phys	sician										
R	eceipt For:	Aggregate	Year-to-Date V										
-	Primary General Other (specify)		3200.00]									
SUE	BTOTAL 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	(cł	R LINE leck onl 11a 13				PAGE 11c 15		05 OF 12 16 [3
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from such co										

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC

V				
Α.	Full Name of Individual (Last, First, Middle Ini Garza, James, , Dr.,	Date of Receipt		
	Mailing Address 2821 Lakeshore Drive			08 / D D / Y Y Y Y 08 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35751
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	self-employed	contribution		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	1
	Primary General			
	Other (specify) ▼		3600.00	
В.	Full Name of Individual (Last, First, Middle Ini Garza, James, , Dr.,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address 2821 Lakeshore Drive			09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36102
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occup physi	pation (for Individual) cian	Memo Item contribution
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		4000.00	
С.	Full Name of Individual (Last, First, Middle Ini Garza, Martin, , Dr.,	tial) or Full Org	anization Name	Date of Receipt
	Mailing Address P.O. Box 180			07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35047
	Linn	ТХ	78563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed	Occup physic	pation (for Individual) Sian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 350.00	
\vdash	CUBTOTAL of Receipts This Page (optional)			850.00
11	UTAL THIS FERIOU (last page this line number	oniy)	•••••••••••••••••••••••••••••••••••••••	<u> </u>

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 OF 386 (check only one) 11a 11a 11b 11c 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using th			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC											
Full Name of Individual (Last, First, Middle Ir A. Garza, Martin, , Dr.,	nitial) or Full C	Organization Name	Date of Receipt									
Mailing Address P.O. Box 180			07 / D D / Y Y Y Y 07 15 2016									
City Linn	State TX	Zip Code 78563	Transaction ID : SA11AI.35398 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Individual) sician	Memo Item contribution									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
Full Name of Individual (Last, First, Middle Ir B. Garza, Martin, , Dr.,	Date of Receipt											
Mailing Address P.O. Box 180			08 / D D / Y Y Y Y 2016									
City Linn	State TX	Zip Code 78563	Transaction ID : SA11AI.35752 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]									
Full Name of Individual (Last, First, Middle Ir C. Garza, Martin, , Dr.,	nitial) or Full C	Organization Name	Date of Receipt									
Mailing Address P.O. Box 180			M M / D D / Y Y Y Y 09 16 2016									
City Linn	State TX	Zip Code 78563	Transaction ID : SA11AI.36103 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
SUBTOTAL of Receipts This Page (optional)			150.00									

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

FEC Schedule A (Form 3X) Rev. 06/2016

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17								
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay n addre	ot be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Garza, Rene, , , Mailing Address 5404 N. 1st street	al) or Full C	Drgar	nization Name	Date of Receipt								
	City	State		Zip Code	Transaction ID : SA11AI.35048								
	mcallen	ТХ		78504	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed		•	ion (for Individual) nvestor	Contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2800.00]								
в.	Full Name of Individual (Last, First, Middle Initia Garza, Rene, , ,	al) or Full C	Drgar	nization Name	Date of Receipt								
	Mailing Address 5404 N. 1st street		07 15 / Y Y Y Y 2016										
	City mcallen	State TX		Zip Code 78504	Transaction ID : SA11AI.35399 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed			ion (for Individual) nvestor	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 3200.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Garza, Rene, , ,	al) or Full C	Drgar	nization Name	Date of Receipt								
	Mailing Address 5404 N. 1st street				08 / D D / Y Y Y Y 2016								
	City mcallen	State TX		Zip Code 78504	Transaction ID : SA11AI.35753 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed		•	ion (for Individual) nvestor	Memo Item contribution								
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-7-	3600.00]								
s	UBTOTAL of Receipts This Page (optional)			••••••	1200.00								

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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)											
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA												
Α.	Full Name of Individual (Last, First, Middle Initia Garza, Rene, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 5404 N. 1st street	04-44-	7. 0.4	09 / D D / Y Y Y Y Y 16 2016									
	City	State TX	Zip Code	Transaction ID : SA11AI.36104									
	mcallen		78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Contribution									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		4000.00]									
В.	Full Name of Individual (Last, First, Middle Initia Garza-Montalvo, Ayda, , Dr.,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2311 Silvardo North			07 07 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35050									
	Palmhurst	TX	78539	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		125.00									
	Name of Employer (for Individual) selfemployed		cupation (for Individual) f-employee physician	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	1									
	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Proanization Name										
	Garza-Montalvo, Ayda, , Dr.,	,	0	Date of Receipt									
	Mailing Address 2311 Silvardo North	State	Zin Code	07 / 15 / 2016									
	City Palmhurst	State TX	Zip Code 78539	Transaction ID : SA11AI.35401									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) selfemployed		upation (for Individual) -employee physician	Memo Item									
	Receipt For:	1	Year-to-Date ▼										
	Primary General Other (specify)	Aggregate	1000.00]									
s	UBTOTAL of Receipts This Page (optional)			650.00									

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TOTAL This Period (last page this line number only)	Г				-		_	7
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SCHEDULE A (FEC Form	3X)						
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ITEMIZED RECE	IPTS							

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 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 Garza-Montalvo, Ayda, , Dr., Α. Date of Receipt Mailing Address 2311 Silvardo North 08 15 2016 City Zip Code State Transaction ID : SA11AI.35755 TΧ Palmhurst 78539 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza-Montalvo, Ayda, , Dr., Date of Receipt Mailing Address 2311 Silvardo North 09 16 2016 City State Zip Code Transaction ID : SA11AI.36106 ТΧ Palmhurst 78539 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.35051 ТΧ McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional).....

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

386

PAGE 109 OF

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR L (check	only c		R: P4	_	110 OF	386				
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC													
Α.	Full Name of Individual (Last, First, Middle Initia Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia	al) or Full C	Orgar	nization Name	Date of Receipt										
	City	State		Zip Code	()7	ា៖ tion ID	5	2	016					
	McAllen	ТХ		78501	Ame	ount o	f Each	Receipt	this F	Period					
	FEC ID number of contributing federal political committee.	С					-			100.0	0				
	Name of Employer (for Individual) self-employed		upat sicia	ion (for Individual) n	contr	Mem ibutior	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 800.00											
в.	Full Name of Individual (Last, First, Middle Initia Garza-Tamez, Jesus, , Dr.,	al) or Full C	ization Name	Dat	e of R	eceipt									
	Mailing Address 1400 W. Gardenia)8	/ D 15			016	Y							
	City McAllen	StateZip CodeTX78501					f Each								
	FEC ID number of contributing federal political committee.	C					100.00								
	Name of Employer (for Individual) self-employed		cupat /sicia	ion (for Individual) In	Contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 900.00											
с.	Full Name of Individual (Last, First, Middle Initia Garza-Tamez, Jesus, , Dr.,	al) or Full C	Drgar	nization Name	Dat	e of R	eceipt								
	Mailing Address 1400 W. Gardenia	State		Zip Code)9	tion ID	6	20	016 07	Y				
	McAllen	TX		78501			f Each								
	FEC ID number of contributing federal political committee.	С					, each	neceipi		100.0	0				
	Name of Employer (for Individual) self-employed		upat sicia	ion (for Individual) n	conti	Merr ibutior	io Item n								
	Receipt For:	Aggregate	Yea	r-to-Date 🔻											
	Other (specify)		-7-	1000.00											
s	UBTOTAL of Receipts This Page (optional)			•••••	. [,	. ,		300.0	0				

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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)										
	y information copied from such Reports and Sta for commercial purposes, other than using the r		ay not be sold or used by any p									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.											
/												
Α.	Full Name of Individual (Last, First, Middle Initia Gelman, Lawrence, , ,	al) or Full C	organization Name	Date of Receipt								
	Mailing Address 3900 Sundown Drive			07 07 / Y Y Y Y 07 07 2016								
	City	State	Zip Code	Transaction ID : SA11AI.35052								
	mcallen	ТХ	78503	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	selfemployed		sician	contribution								
	Receipt For:		Year-to-Date ▼									
	Primary General	Ayyreyale										
	Other (specify) V		2800.00									
			, ,	-								
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	organization Name									
	Gelman, Lawrence, , ,			Date of Receipt								
	Mailing Address 3900 Sundown Drive	07 / D D / Y Y Y Y 2016										
	City	State	Zip Code	Transaction ID : SA11AI.35403								
	mcallen	TX	78503	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 3200.00]								
	Full Name of Individual (Last, First, Middle Initia Gelman, Lawrence, , ,	al) or Full C	organization Name	Date of Receipt								
	Mailing Address 3900 Sundown Drive			08 15 2016								
	City	State	Zip Code	Transaction ID : SA11AI.35757								
	mcallen	ТХ	78503	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	selfemployed		sician	contribution								
	Receipt For:	1	Year-to-Date ▼									
	Primary General	Aggregate										
	Other (specify)		3600.00	1								
s	UBTOTAL of Receipts This Page (optional)			1200.00								

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 112 OF 386 (check only one)
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		r person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I A. Gelman, Lawrence, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3900 Sundown Drive		M M / D / Y
City	State Zip Code	Transaction ID : SA11AI.36108
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date +	_
Other (specify) ▼	4000.00	
Full Name of Individual (Last, First, Middle I B. Gillett, Richard, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 54 South 10th		07 07 / Y Y Y Y 2016
City	State Zip Code	Transaction ID : SA11AI.35055
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	700.00	
Other (specify) ▼	700.00	
Full Name of Individual (Last, First, Middle I C. Gillett, Richard, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 54 South 10th		07 15 / Y Y Y Y 2016
City	State Zip Code	Transaction ID : SA11AI.35406
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	800.00	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)												
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)		auure											
	BORDER HEALTH FEDERAL F													
Α.	Full Name of Individual (Last, First, Middle Initi Gillett, Richard, , Dr.,	ial) or Full C	nization Name	Date of Receipt										
	Mailing Address 54 South 10th				08 15 / Y Y Y Y 2016									
	City	State		Zip Code	Transaction ID : SA11AI.35760									
	McAllen	TX		78504	_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item									
	self-employee	phy	/sicia	in	contribution									
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General			900.00										
	Other (specify)		7	900.00										
В.	Full Name of Individual (Last, First, Middle Initi Gillett, Richard, , Dr.,	ial) or Full C	Drgar	nization Name	Date of Receipt									
	Mailing Address 54 South 10th				09 16 2016									
	City	State		Zip Code	Transaction ID : SA11AI.36111									
	McAllen	TX		78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer (for Individual) self-employee		cupat ysicia	tion (for Individual) an	Memo Item contribution									
	Receipt For:	Aggregate	Yea	ır-to-Date ▼	-									
	Primary General													
	Other (specify) ▼	L	y	1000.00										
C.	Full Name of Individual (Last, First, Middle Initi Giraldo, Alvaro, , ,	ial) or Full C	Drgar	nization Name	Date of Receipt									
	Mailing Address 106 W. Flamingo				07 07 2016									
	City	State		Zip Code	Transaction ID : SA11AI.35056									
	mcallen	ТХ		78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item									
	selfemployed	phy	sicia	n	contribution									
	Receipt For:	Aggregate	Yea	ır-to-Date ▼										
	Other (specify)		-y-	700.00										

SUBTOTAL of Receipts This Page (optional)	L		9		9	3	800.0	0	
TOTAL This Period (last page this line number only)	Γ	Į.	-	ī.			-	1	Ì

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 OF 386 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
A. Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo	itial) or Full C	Organization Name	Date of Receipt
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35407
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) V	phy	upation (for Individual) sician Year-to-Date ▼ 800.00	Memo Item contribution
B. Full Name of Individual (Last, First, Middle In Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo	itial) or Full C	Organization Name	Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID : SA11AI.35761 Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Individual) /sician	Memo Item contribution
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]
C. Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo	itial) or Full C	Organization Name	Date of Receipt
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.36112
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	phy	upation (for Individual) sician Year-to-Date ▼ 1000.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)			300.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 115 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC			
Α.	Full Name of Individual (Last, First, Middle Initia Gomez, Felipe, , Dr.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 2401 SE Augusta Square				07 07 2016
	City McAllen	State TX		Zip Code 78503	Transaction ID : SA11AI.35057 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer (for Individual) self-employed Receipt For:	phy	/sicia		Contribution
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 350.00	
В.	Full Name of Individual (Last, First, Middle Initia Gomez, Felipe, , Dr., Mailing Address 2401 SE Augusta Square	al) or Full C	Drgar	nization Name	Date of Receipt
	City	State		Zip Code	Transaction ID : SA11AI.35409
	McAllen FEC ID number of contributing federal political committee.	С		78503	Amount of Each Receipt this Period
	Name of Employer (for Individual) self-employed		cupat vsicia	tion (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 400.00	
с.	Full Name of Individual (Last, First, Middle Initia Gomez, Felipe, , Dr.,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 2401 SE Augusta Square				08 15 2016
	City McAllen	State TX		Zip Code 78503	Transaction ID : SA11AI.35762 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer (for Individual) self-employed		cupat sicia	tion (for Individual) n	Memo Item contribution
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 450.00	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f f	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)	386 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Gomez, Felipe, , Dr., Mailing Address 2401 SE Augusta Square	al) or Full C	Drgai	nization Name	Date of Receipt									
	City	State		Zip Code	09 16 2016 Transaction ID : SA11AI.36113									
	McAllen	ТХ		78503	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer (for Individual) self-employed		upat sicia	ion (for Individual) In	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00										
В.	Full Name of Individual (Last, First, Middle Initia Gomez, Juan Pablo, , Dr., Mailing Address 113 Canary	al) or Full C	Drgai	nization Name	Date of Receipt									
	City	State		Zip Code	07 07 2016									
	McAllen	TX		78504	Transaction ID : SA11AI.35059 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer (for Individual) self-employed		upa /sicia	tion (for Individual) an	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 1400.00										
С.	Full Name of Individual (Last, First, Middle Initia Gomez, Juan Pablo, , Dr.,	al) or Full C	Orgai	nization Name	Date of Receipt									
	Mailing Address 113 Canary	-		1	07 D D / Y Y Y Y 2016									
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35410 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer (for Individual) self-employed	Occ	•	ion (for Individual) n	Memo Item									
	Receipt For:	1		ir-to-Date ▼	-									
	Primary General Other (specify)		-	1600.00	1									
s	JBTOTAL of Receipts This Page (optional)			·····	450.00	٦								

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)							17 OF	386					
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any	person f	13 for the	14 purpose o	15 of solicitir	ng con	16 htributio	17 Ins					
or		e name and a	address of any political commit	ee to so	licit co	ntributions	from Su	ch con	nmittee).					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Gomez, Juan Pablo, , Dr.,	itial) or Full C	Organization Name		Date o	f Receipt									
	Mailing Address 113 Canary			M M / D / Y											
	City	State	Zip Code	Transaction ID : SA11AI.35763											
	McAllen	ТХ	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							200.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	lemo Item									
	self-employed		sician	C	ontribu	tion									
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	riggioguio		- 1											
	Other (specify)	L	1800.00	-											
В.	Full Name of Individual (Last, First, Middle Ini Gomez, Juan Pablo, , Dr.,	itial) or Full C	Organization Name		Date o	f Receipt									
	Mailing Address 113 Canary			м м 09	/ D	D / 6	y y 201	ү ү 16	1						
	City	State	Zip Code			saction ID									
	McAllen	TX	78504		Amoun	t of Each	Receipt	this Pe	əriod						
	FEC ID number of contributing federal political committee.	С					-		200.00						
	Name of Employer (for Individual) self-employed		cupation (for Individual) vsician	co	Memo Item										
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		, 2000.00												
с.	Full Name of Individual (Last, First, Middle Ini Gomez, Marco, , Mr.,	itial) or Full C	Organization Name		Date o	f Receipt									
	Mailing Address 2705 Biltmore				^M 07	/ D 0		ΥΥΥ 201	ү ү 16]					
	City	State	Zip Code		Tran	saction ID	: SA11A	1.3506	51						
	Edinburg	TX	78539	/	Amoun	t of Each	Receipt	this Pe	əriod						
	FEC ID number of contributing federal political committee.	С				y	9		35.00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	c	N ontribu	lemo Item Ition									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00												

SUBTOTAL of Receipts This Page (optional)			9		9	43	5.00	
TOTAL This Period (last page this line number only)			-		-		-	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 OF 386 (check only one) 11a 11a 11b 11c
	y information copied from such Reports and Sta for commercial purposes, other than using the r		ay not be sold or used by any p	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P			
A .	Full Name of Individual (Last, First, Middle Initia Gomez, Marco, , Mr.,	l) or Full C	Organization Name	Date of Receipt
Λ.	Mailing Address 2705 Biltmore			07 15 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	1
в.	Full Name of Individual (Last, First, Middle Initia Gomez, Marco, , Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2705 Biltmore	State TX	Zip Code	08 / 15 / 2016 Transaction ID : SA11AI.35764
	Edinburg FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period 35.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) vate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Gomez, Marco, , Mr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2705 Biltmore			09 / D D / Y Y Y Y 16 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.36115 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) selfemployed Receipt For:	priva	upation (for Individual) ate investor	Memo Item contribution
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	1
s	UBTOTAL of Receipts This Page (optional)			105.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 119 OF

386

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle Gonzales, Michael, , Mr., Mailing Address 204 Valenca	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.35767
Weslaco	TX	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
selfemployed	priva	ate investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Gonzales, Michael, , Mr., Mailing Address 204 Valenca	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	
Weslaco	ТХ	78596	Transaction ID : SA11AI.36118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Gonzalez, Ada, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P.O. Box 9817			07 07 / Y Y Y Y Y 07 07 2016
City alamo	State TX	Zip Code 78516	Transaction ID : SA11AI.35063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional).		•	125.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	e separate schedule(s) each category of the tailed Summary Page	FOR L (check	only	IUMBER one)	: PA(GE 120		386						
	y information copied from such Reports and Sta for commercial purposes, other than using the r					the pi				butior					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC													
<u>А.</u>	Full Name of Individual (Last, First, Middle Initia Gonzalez, Ada, , ,	al) or Full C	Drganiz	ration Name	Dat	e of F	Receipt								
	Mailing Address P.O. Box 9817)7	/ D		2016		1				
	City	State	Z	Zip Code	Tr	ansa	ction ID	SA11A	I.35415						
	alamo	TX		78516	Am	ount o	of Each F	Receipt 1	his Peri	od					
	FEC ID number of contributing federal political committee.	С					-y		7	75.00					
	Name of Employer (for Individual)	Occ	upatio	n (for Individual)		Men	no Item								
	selfemployed	priv	ate inv	vestor	conti	ibutio	n								
	Receipt For:	Aggregate	Year-	to-Date 🔻											
	Primary General Other (specify) ▼		-9-	600.00	1										
в.	Full Name of Individual (Last, First, Middle Initia Gonzalez, Ada, , ,	al) or Full C	Drganiz	ration Name	Dat	e of F	Receipt								
	Mailing Address P.O. Box 9817)8	/ D 15		2016]							
	City	State	Z	Zip Code	Tr	ansad	tion ID :	SA11A	.35768						
	alamo	ТХ		78516	Am	ount o	of Each F	Receipt 1	his Peri	od					
	FEC ID number of contributing federal political committee.	С							7	75.00					
	Name of Employer (for Individual) selfemployed		cupatio vate inv	n (for Individual) vestor	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 675.00											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Gonzalez, Ada, , ,	al) or Full C	Drganiz	zation Name	Dat	e of F	Receipt								
	Mailing Address P.O. Box 9817)9 ^M	/ D 16		2016]				
	City	State TX		Zip Code 78516			ction ID								
	alamo			76510	Am	ount o	of Each F	Receipt	his Peri	od					
	FEC ID number of contributing federal political committee.	С					y 1	. ,	7	75.00					
	Name of Employer (for Individual)	Occ	upatio	n (for Individual)		Mer	no Item								
	selfemployed	priva	ate inv	estor	cont	ibutio	n								
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	Primary General Other (specify)		-g=-	750.00	1										
s	UBTOTAL of Receipts This Page (optional)			b					22	25.00					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Aida, , Ms,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 311 E. Davis			08 / D D / Y Y Y Y 2016									
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35769 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item									
	Receipt For: Primary General		Year-to-Date ▼										
	Other (specify) ▼		220.00										
В.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Aida, , Ms,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 311 E. Davis	Otata	Zin Oode	09 / D D / Y Y Y Y 16 2016									
	City	State	Zip Code	Transaction ID : SA11AI.36120									
	Edinburg	TX	78539	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		245.00										
c.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Alfredo, , ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 2305 Monaco Drive			07 / D D / Y Y Y Y 07 07 2016									
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.35065 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	contribution									
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)		350.00										

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	-	LINE ck onl	y one	MBER: e) 11b	11c	E 122 OF	- 386				
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	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Gonzalez, Alfredo, , ,	tial) or Full C	Drga	nization Name	D	ate of	f Rec	ceipt							
	Mailing Address 2305 Monaco Drive					07 15 2016									
	City mission	State TX		Zip Code 78574					SA11AI Receipt t	.35417 his Period	_				
	FEC ID number of contributing federal political committee.	С				_		,		50.0	0				
	Name of Employer (for Individual) selfemployed Receipt For:	phy	sicia		co	M ntribut		Item							
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 400.00											
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	City	State		Zip Code	- L	08	۰.	15		2016					
	mission	TX		78574					SA11AI	. 35770 his Period					
	FEC ID number of contributing federal political committee.	С				inoun		,		50.0	0				
	Name of Employer (for Individual) selfemployed		upa /sicia	tion (for Individual) an	со	M ntribut		Item							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Other (specify) ▼		,	450.00	1										
С.	Full Name of Individual (Last, First, Middle Ini Gonzalez, Alfredo, , ,	tial) or Full C	Drga	nization Name	D	ate of	f Rec	ceipt							
	Mailing Address 2305 Monaco Drive					^M 09	/	D 16		2016	Y				
	City	State		Zip Code		Trans	sactio	on ID :	SA11A	.36121					
	mission	TX		78574	A	moun	t of E	Each F	Receipt t	his Period					
	FEC ID number of contributing federal political committee.	С			ļļ	_		y	. ,	50.0	0				
	Name of Employer (for Individual)		•	tion (for Individual)				Item							
	selfemployed	phys			co	ntribut	tion								
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date 🔻											
	Other (specify)		-	500.00											
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TOTAL This Period (last page this line number only)	Г	T							_

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(
	y information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC													
Α.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 3511 Plazas del Lago			M M / D D / Y Y Y Y 07 07 2016											
	City	State	Zip Code	Transaction ID : SA11AI.35066											
	edinburg	TX	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
	selfemployed		vate investor	contribution											
	Receipt For:														
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		2650.00]											
в.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 3511 Plazas del Lago	07 15 2016													
	City	State	Zip Code	Transaction ID : SA11AI.35418											
	edinburg	ТХ	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /ate investor	Memo Item contribution											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 3050.00]											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , ,	al) or Full C	Organization Name	Date of Receipt											
	Mailing Address 3511 Plazas del Lago			08 / D D / Y Y Y Y 2016											
	City	State	Zip Code	Transaction ID : SA11AI.35771											
	edinburg	TX	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
	selfemployed		ate investor	contribution											
	Receipt For:	1	Year-to-Date ▼												
	Primary General Other (specify)	Aggregate	3450.00]											
s	UBTOTAL of Receipts This Page (optional)			1200.00											

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	age# 201705209055155906															
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			Use separate schedule(s)	-	R LINE eck on		JMBEF ne)	? :	PAGE	E 1	24 OI	- 386			
	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	-		11b		11c		12	_			
	ny information copied from such Reports and Sta															
or	for commercial purposes, other than using the	name and a	ıddr	ess of any political committee	e to so	olicit co	ontrik	outions	fro	m such	CO	mmitte	90.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC														
A.	Full Name of Individual (Last, First, Middle Initia Gonzalez, Jaime, , ,	al) or Full C)rga	nization Name	Date of Receipt											
	Mailing Address 3511 Plazas del Lago				09 16 / Y Y Y Y 2016											
	City edinburg	State TX		Zip Code 78539		Transaction ID : SA11AI.36123 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							nec		400.00					
	Name of Employer (for Individual) selfemployed Receipt For:	priv	ate	tion (for Individual) investor	c	0ntribu		b Item								
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 3850.00	1											
в.	Full Name of Individual (Last, First, Middle Initia Gonzalez, Mark, , Dr.,	al) or Full C)rga	nization Name		Date c	of Re	eceipt								
	Mailing Address 2405 Dorado Drive			^M 07	1	D D	D 7	/ Y		ү 16	Y					
	City Mission	State TX		Zip Code 78572	Transaction ID : SA11AI.35067 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C	ï		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Self employed	Occ phy		tion (for Individual) an	C	N Nontribu		b Item								
	Receipt For:	Aggregate	Yea	ar-to-Date ▼ 350.00]											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Gonzalez, Mark, , Dr.,	al) or Full C	rga	nization Name		Date c	of Re	eceipt								
	Mailing Address 2405 Dorado Drive					^M 07	/	D 1		/ Y		16	Y			
	City Mission	State TX		Zip Code 78572						A11AI.3						
	FEC ID number of contributing federal political committee.	С				Amour		Each	Rec	ceipt thi	SP	50.0	00			
	Name of Employer (for Individual) Self employed	Occ	•	tion (for Individual) In	Contribution											
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 400.00												

SUBTOTAL of Receipts This Page (optional)							50	0.00)
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 OF 3 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name of Individual (Last, First, Middle Initial) or Full (A. Gonzalez, Mark, , Dr.,	Drganization Name	Date of Receipt
Mailing Address 2405 Dorado Drive		08 15 2016

A. Gonzalez, Mark, , Dr.,			Date of Receipt
Mailing Address 2405 Dorado Drive			M = M / D = D / Y = Y = Y
0.4	Otata	Zin Onde	08 15 2016
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35772
		10312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Self employed	phys	ician	contribution
Receipt For:		Year-to-Date 🔻	
Primary General Other (specify) ▼		450.00	
			-
Full Name of Individual (Last, First, Mide 3. Gonzalez, Mark, , Dr.,	dle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2405 Dorado Drive			09 16 / Y Y Y Y 09 16 2016
City	State	Zip Code	Transaction ID : SA11AI.36124
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Self employed		pation (for Individual)	Memo Item
Receipt For:		sician	
Primary General	Aggregate `	Year-to-Date V	
Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Mide	dle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 1501 Meadwood			
Maining Address 1501 Meadwood			07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.35068
weslaco	ТХ	78596	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		250.00
Name of Employer (for Individual)		pation (for Individual)	Memo Item contribution
self-employed Receipt For:	physi		
Primary General	Aggregate `	Year-to-Date 🔻	
Other (specify)		1750.00	
			250.00
SUBTOTAL of Receipts This Page (option	ial)		▶ 350.00
TOTAL This Period (last page this line nu	mber only)		

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay n addre	ot be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Gonzalez-Dickson, Juan, , , Mailing Address 1501 Meadwood	al) or Full C	rgar	nization Name	Date of Receipt						
	City	State		Zip Code	07 15 2016 Transaction ID : SA11AI.35420						
	FEC ID number of contributing federal political committee.	С		78596	Amount of Each Receipt this Period						
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	phy	sicia	ion (for Individual) n r-to-Date ▼ 2000.00	Memo Item contribution						
в.	Full Name of Individual (Last, First, Middle Initia Gonzalez-Dickson, Juan, , , Mailing Address 1501 Meadwood	al) or Full C	rgar	nization Name	Date of Receipt						
	City weslaco FEC ID number of contributing federal political committee.	State TX		Zip Code 78596	Transaction ID : SA11AI.35773 Amount of Each Receipt this Period 250.00						
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	phy	vsicia	tion (for Individual) an r-to-Date ▼ 2250.00	Memo Item contribution						
C.	Full Name of Individual (Last, First, Middle Initia Gonzalez-Dickson, Juan, , , Mailing Address 1501 Meadwood	al) or Full C	rgar	nization Name	Date of Receipt						
	City weslaco	State TX		Zip Code 78596	09 16 2016 Transaction ID : SA11AI.36125 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	phys	sicia	ion (for Individual) n r-to-Date ▼ 2500.00	250.00 Memo Item contribution						
s	UBTOTAL of Receipts This Page (optional)			•••••	750.00						

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 OF 386 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 1700 E. Mile 3 Road	State	Zip Code	07 07 2016						
	mission	TX	78574	Transaction ID : SA11AI.35069 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Individual) sician	Memo Item contribution						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]						
в.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 1700 E. Mile 3 Road			07 / D D / Y Y Y Y 2016						
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.35421 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) /sician	Contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , ,	al) or Full C	Organization Name	Date of Receipt						
	Mailing Address 1700 E. Mile 3 Road	Ctata	Zin Code	08 / D / Y Y Y Y 08 15 2016						
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.35774 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00]						
s	UBTOTAL of Receipts This Page (optional)			750.00						

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FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check	INE NUMBER: PAGE 128 OF 386 (only one) 110 11c 12 1a 11b 11c 12 3 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC														
Α.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , ,	al) or Full O	rga	nization Name	Date of Receipt											
	Mailing Address 1700 E. Mile 3 Road					09 16 / Y Y Y Y 2016										
	City mission	State TX		Zip Code 78574		ransaction ID : SA11AI.36126 nount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				250.00										
	Name of Employer (for Individual) selfemployed	Occi phys		tion (for Individual) an	cont	Memo Item tribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2500.00												
в.	Full Name of Individual (Last, First, Middle Initia Griego, Enrique, , , Mailing Address 905 Inspiratin Drive	al) or Full O	rga	nization Name	М	te of Receipt 07 07 2016										
	City	State		Zip Code		ransaction ID : SA11AI.35070										
	Pharr FEC ID number of contributing federal political committee.	С	-	78577	Am	nount of Each Receipt this Period 400.00										
	Name of Employer (for Individual) selfemployed	Occi	•	ation (for Individual)		Memo Item										
	Receipt For: Primary General			an ar-to-Date ▼												
	Other (specify) ▼	L	,	2800.00												
C.	Full Name of Individual (Last, First, Middle Initia Griego, Enrique, , ,	al) or Full O	rga	nization Name	Da	te of Receipt										
	Mailing Address 905 Inspiratin Drive					07 / D D / Y Y Y Y 15 / 2016										
	City pharr	State TX		Zip Code 78577		ransaction ID : SA11AI.35422 nount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				400.00										
	Name of Employer (for Individual) selfemployed	Occu phys	•	tion (for Individual) an	cont	Memo Item tribution										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 3200.00												

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 129 OF

386

		Detailed Summary Page	×	1 1a	11b	11c	1	12	_						
				13	14	15		16	17						
Any information copied from such Repo or for commercial purposes, other than	rts and Statements ma using the name and a	ay not be sold or used by any p address of any political committe	erson e to so	for the plicit cor	purpose ntribution	of soliciting	g cont h com	ributi 1mitte	ons e.						
NAME OF COMMITTEE (In Full)	_														
BORDER HEALTH FEDE	ERAL PAC														
Full Name of Individual (Last, First, N	Middle Initial) or Full C	rganization Name													
A. Griego, Enrique, , ,				Date of	f Receipt	:									
Mailing Address 905 Inspiratin Drive				м м 08		D / Y 15	y 201	16	Y						
City	State	Zip Code		Trans	action II	D : SA11AI.	.35775	5							
pharr	TX	78577		Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C						4	400.0	0						
Name of Employer (for Individual)	Occ	upation (for Individual)	_	M	emo Iten	n									
selfemployed		sician		Contribution											
Receipt For:	[:;														
Primary General	Aggregate	Year-to-Date ▼													
Other (specify)		3600.00													
		Age / Age / Age	11.												
Full Name of Individual (Last, First, M	Middle Initial) or Full C	rganization Name													
B. Griego, Enrique, , ,		-		Date of	f Receipt	ſ									
Mailing Address 905 Inspiratin Drive			09 / D D / Y Y Y Y Y 09 16 2016												
City	State	Zip Code		Trans	action II	D : SA11AL	36127	,							
pharr	ТХ	78577		Amount	t of Each	n Receipt th	nis Pe	riod							
FEC ID number of contributing federal political committee.	C						2	400.0	0						
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Receipt For:	Aggregate	Year-to-Date ▼		1											
Primary General	7 (gg) 0 gu (0		- L -												
Other (specify) ▼		4000.00	4												
Full Name of Individual (Last, First, M C. Guajardo, Maria Ruby, , Dr		organization Name		Date of	f Receipt	t									
Mailing Address 2603 Santa Laura				07 ^M		07 / Y	y 201	6 [°]	Y						
City	State	Zip Code		Trans	action I	D : SA11AI.	.35071	1							
Mission	TX	78572		Amount	t of Each	n Receipt th	nis Pe	riod							
FEC ID number of contributing federal political committee.	ů l							50.0	0						
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Iten	n									
self-employee		sician	c	contribut	tion										
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General	7.99109410		- L -												
Other (specify)		350.00													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 11c 12 **Detailed Summary Page** 14 13 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 Guajardo, Maria Ruby, , Dr., Date of Receipt Α. Mailing Address 2603 Santa Laura 2016 07 15 City Zip Code State Transaction ID : SA11AI.35423 TΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura 08 15 2016 City State Zip Code Transaction ID : SA11AI.35776 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura MM 09 16 2016 City State Zip Code Transaction ID : SA11AI.36128 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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

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Image# 201705269055155913

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Guerra, Daniel, , , Date of Receipt Α. Mailing Address 101 S. Broadway M M 1 2016 07 07 City Zip Code State Transaction ID : SA11AI.35072 TΧ Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guerra, Daniel, , , Date of Receipt Mailing Address 101 S. Broadway 07 15 2016 City State Zip Code Transaction ID : SA11AI.35424 ТΧ Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 3000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Guerra, Daniel, , , Date of Receipt Mailing Address 101 S. Broadway MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35777 ТΧ Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 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 Guerra, Daniel, , , Date of Receipt Α. Mailing Address 101 S. Broadway M M 1 2016 09 16 City State Zip Code Transaction ID : SA11AI.36129 TΧ Mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guerra, Marcy, , , Date of Receipt Mailing Address 13337 Borolo Drive 07 2016 07 City State Zip Code Transaction ID : SA11AI.35075 ТΧ edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Guerra, Marcy, , , Date of Receipt Mailing Address 13337 Borolo Drive MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35426 ТΧ edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)	(ch	eck only	(check only one)											
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	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	g contri	butio	ns				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC													
A.	Full Name of Individual (Last, First, Middle Initia Guerra, Marcy, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 13337 Borolo Drive			08 / D D / Y Y Y Y Y 2016											
	City edinburg	State TX	Zip Code 78541					SA11AI. eceipt th		od					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) selfemployed	Occu phys	ipation (for Individual) ician	c	M		Item								
	Receipt For: Primary General Other (specify) ▼	rimary General Aggregate real-to-Da													
B.	Full Name of Individual (Last, First, Middle Initia Guerra, Marcy, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address 13337 Borolo Drive	Ctoto	Zin Code	09 16 2016 Transaction ID : SA11AL36131											
	City edinburg	State TX	Zip Code 78541					SA11AL: eceipt th		od					
	FEC ID number of contributing federal political committee.	С					,		25	50.00					
	Name of Employer (for Individual) selfemployed		ipation (for Individual) sician	c	Montributi		Item								
	Receipt For:	Aggregate `	Year-to-Date ▼ , 2500.00]											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Gummadi, Sarada, , Dr.,	l) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address 4404 Santa Fabiola				08	1	D 15		2016		1				
	City Mission	State TX	Zip Code 78572					SA11AI. eceipt th		od	_				
	FEC ID number of contributing federal political committee.			<u> </u>		y .	, y	2	25.00						
	Name of Employer (for Individual) self-employed	Occu physi	pation (for Individual) ician	c	Memo Item contribution										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00]											
s	UBTOTAL of Receipts This Page (optional)			•			,		52	25.00					
т	OTAL This Period (last page this line number or	lly)		•			,			-					

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statemen			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17									
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a												
	BORDER HEALTH FEDERAL P													
Α.	Full Name of Individual (Last, First, Middle Initi Gummadi, Sarada, , Dr.,	al) or Full O	rgai	nization Name	Date of Receipt									
	Mailing Address 4404 Santa Fabiola				09 16 2016									
	City Mission	State TX		Zip Code 78572	Transaction ID : SA11AI.36132 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer (for Individual) self-employed	Occi phys		tion (for Individual) an	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00										
В.	Full Name of Individual (Last, First, Middle Initi Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin	al) or Full O	rgai	nization Name	Date of Receipt									
	City	State		Zip Code	Transaction ID : SA11AI.35077									
	edinburg	ТХ		78539	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual) selfemployed	Occ phy		tion (for Individual) an	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1750.00										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Gutierrez, Alberto, , ,	al) or Full O	rga	nization Name	Date of Receipt									
	Mailing Address 6020 Wisconsin	1 -			07 / D D / Y Y Y Y Y 15 2016									
	City edinburg	State TX		Zip Code 78539	Transaction ID : SA11AI.35428 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) In	Memo Item contribution									
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date 2000.00										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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E			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
				erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
A(ull Name of Individual (Last, First, Middle Ini Gutierrez, Alberto, , , ailing Address 6020 Wisconsin	tial) or Full O	zip Code	Date of Receipt								
	dinburg	TX	78539	Transaction ID : SA11AI.35781								
FI	EC ID number of contributing deral political committee.		Amount of Each Receipt this Period									
N	ame of Employer (for Individual)	Оссі	pation (for Individual)	Memo Item								
	elfemployed	phys	sician	contribution								
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00									
	ull Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name									
	ailing Address 6020 Wisconsin			Date of Receipt								
		09 16 2016										
С	ity	State	Zip Code	Transaction ID : SA11AI.36133								
e	dinburg	TX	78539	Amount of Each Receipt this Period								
	EC ID number of contributing deral political committee.	С		250.00								
	ame of Employer (for Individual) elfemployed		upation (for Individual) sician	Memo Item contribution								
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼	L	2500.00									
	ull Name of Individual (Last, First, Middle Ini Gutierrez, Marco, , ,	tial) or Full O	rganization Name	Date of Receipt								
M	ailing Address 511 N. Depot Road			07 07 / Y Y Y Y Y 07 07 2016								
	ity	State	Zip Code	Transaction ID : SA11AI.35078								
e	dinburg	ТХ	78541	Amount of Each Receipt this Period								
	EC ID number of contributing deral political committee.	С		400.00								
Se	ame of Employer (for Individual) elfemployed	Occu phys	ıpation (for Individual) ician	contribution								
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2800.00									
SUE	BTOTAL of Receipts This Page (optional)		•	900.00								

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FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)					NU y on	MBER e) 11b 14	1	PAGE	136 OF	F 386
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I Full Name of Individual (Last, First, Middle Ini Gutierrez, Marco, , , Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing	a name and a PAC tial) or Full O State TX	ddre	ess of any political committee	D	ate of 07 Trans	f Re	ceipt	from 5 : SA 1	such	2016 5429 Period	ее. Y
	federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phys	sicia	tion (for Individual) an ar-to-Date ▼ 3200.00	Cor	M		Item		- y	400.0	
В.	Full Name of Individual (Last, First, Middle Ini Gutierrez, Marco, , , Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State TX C	upa	Zip Code 78541 tion (for Individual)		moun	action t of emo	15 on ID	5 : SA 1	1AI.35	2016 5 782 Period 400.0	
C.	Full Name of Individual (Last, First, Middle Ini Gutierrez, Marco, , , Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	upat	Zip Code 78541 tion (for Individual)		mount	, sacti t of emo	16 on ID	6 : SA1	11AI.36	2016 6134 Period 400.0	

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	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Gutierrez, Miguel, , ,	tial) or Full O	rganization Name		Date c	of Re	eceipt								
	Mailing Address 224 Lindberg			07 07 2016											
	City	State	Zip Code		Tran	sacti	ion ID :	SA11AI	.35079						
	mcallen	ТХ	78501	Transaction ID : SA11AI.35079 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							250.0	00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	-	N	lemo	Item								
	selfemployed	phys	sician	c	ontribu	ition									
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
	Other (specify) v		1750.00	4											
В.	Full Name of Individual (Last, First, Middle Init Gutierrez, Miguel, , ,	tial) or Full O	rganization Name		Date c	of Re	eceipt								
	Mailing Address 224 Lindberg				M 07	/	D 15		2016	Y					
	City	State	Zip Code		Trans	sacti	ion ID ·	SA11AI	35430						
	mcallen	ТХ	78501	Transaction ID : SA11AI.35430 Amount of Each Receipt this Period											
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	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
	selfemployed		sician	contribution											
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	Primary General			11.											
	Other (specify) v		, 2000.00												
с.	Full Name of Individual (Last, First, Middle Init Gutierrez, Miguel, , ,	tial) or Full O	rganization Name		Date c	of Re	eceipt								
	Mailing Address 224 Lindberg				M N 08	/	D 15		2016	Y					
	City	State	Zip Code		Tran	sact	ion ID :	: SA11AI	.35783						
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	Name of Employer (for Individual) selfemployed		upation (for Individual)		ontribu										
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	Primary General	Aggregate	Year-to-Date V												
	Other (specify)		2250.00												

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	BORDER HEALTH FEDERAL	PAC																
Α.	Full Name of Individual (Last, First, Middle In Gutierrez, Miguel, , ,	itial) or Full O	rganization Name		Date o	of Re	ceipt											
	Mailing Address 224 Lindberg				м м 09	/	D 16		Y	y y 2016	Y							
	City	State	Zip Code			sacti	ion ID :		AI.36									
	mcallen	TX	78501		Amoun	it of	Each F	ch Receipt this Period										
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			250.	00							
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	C	M ontribu		Item											
	Receipt For:	Aggregate	Year-to-Date ▼															
	Other (specify) ▼		2500.00															
В.	Full Name of Individual (Last, First, Middle In Guzman, Anna, Lisa, ,	itial) or Full O	rganization Name		Date o	of Re	ceipt											
	Mailing Address P.O. Box 720235			09 / D D / Y Y Y Y 09 16 2016														
	City McAllen	State TX	Transaction ID : SA11AI.36136 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	C	78504							25.00								
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician assistant	C0	Montribu		ltem											
	Receipt For:	Aggregate	Year-to-Date ▼															
	Other (specify) ▼		, 225.00															
С.	Full Name of Individual (Last, First, Middle In Guzman, Edwardo, , Dr.,	itial) or Full O	rganization Name		Date o	f Re	ceipt											
	Mailing Address 2308 Highway 83 suite f				^M 07	/	D 07		Y	y y 2016	Y							
	City Penitas	State TX	Zip Code 78573				i on ID : Each F			5081 Period								
	FEC ID number of contributing federal political committee.	С									00							
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	c	N		tem											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00															

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and S for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
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Α.	Full Name of Individual (Last, First, Middle Init Guzman, Edwardo, , Dr.,	ial) or Full Or	ganization Name		Date of	fRe	eceipt				
	Mailing Address 2308 Highway 83 suite f				07	_		/ Y	Y 20	16	Y
	City	State	Zip Code	_		act		SA11AL	1		
	Penitas	TX	78573					eceipt th			
	FEC ID number of contributing federal political committee.	С			Anoun		Each II			50.0	0
	rederar political committee.					1	-y-		_		
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	em	o Item				
	self-employee	phys	ician	c	ontribut	ion					
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify) v		400.00								
В.	Full Name of Individual (Last, First, Middle Init Guzman, Edwardo, , Dr.,	ial) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 2308 Highway 83 suite f				08	1	D D D	/ Y	201	ү 16	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	3578	5	
	Penitas	ТХ	78573					eceipt th			
	FEC ID number of contributing federal political committee.	С					-g=-	-		50.0	0
	Name of Employer (for Individual) self-employee		pation (for Individual) iician	c	Montribut		o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00								
	Full Name of Individual (Last, First, Middle Init Guzman, Edwardo, , Dr.,	ial) or Full Or	ganization Name		Date of	f Re	eceipt				
•	Mailing Address 2308 Highway 83 suite f				09	1	16	/ Y	201	16	Y
	City	State	Zip Code		Trans	act	tion ID :	SA11AI.	3613	37	
	Penitas	ТХ	78573					eceipt th			
	FEC ID number of contributing federal political committee.	С			Ē		y 1	9		50.0	0
	Name of Employer (for Individual) self-employee	Occu physi	pation (for Individual) cian	c	M		o Item				
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	Primary General	, .99.094.0									
	Other (specify)		500.00								
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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 OF 386 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	name and ac		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Α.	Full Name of Individual (Last, First, Middle Initi Haddad, Victor, , , Mailing Address 4008 Burns Drive South	al) or Full Or	rganization Name	Date of Receipt
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.35082 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	phys	pation (for Individual) ician Year-to-Date ▼ 2800.00	contribution
В.	Full Name of Individual (Last, First, Middle Initi Haddad, Victor, , , Mailing Address 4008 Burns Drive South City	al) or Full Or	Zip Code	Date of Receipt
	mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phys	upation (for Individual) sician Year-to-Date ▼ , 3200.00	contribution
	Full Name of Individual (Last, First, Middle Initi Haddad, Victor, , , Mailing Address 4008 Burns Drive South	al) or Full Or	rganization Name	Date of Receipt
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.35786 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	physi	Ipation (for Individual) ician Year-to-Date ▼	contribution
_	Primary General Other (specify)		3600.00]

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 11c 12 **Detailed Summary Page** 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 Haddad, Victor, , , Date of Receipt Α. Mailing Address 4008 Burns Drive South M M 1 2016 09 16 City State Zip Code Transaction ID : SA11AI.36138 TΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Helbing, Robert, , , Date of Receipt Mailing Address 820 Tamarack 07 2016 07 City State Zip Code Transaction ID : SA11AI.35083 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Helbing, Robert, , , Date of Receipt Mailing Address 820 Tamarack MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35434 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only)	•		_		_		_	

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PAGE 141 OF

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)							
11				or each category of the Detailed Summary Page		X 11a 13	11b 14	11c		12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the					for the	ourpose c	of solicitin	g con	ntributi	ions		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Init Helbing, Robert, , ,	ial) or Full O)rgai	nization Name		Date of	Receipt						
	Mailing Address 820 Tamarack					08 M	/ D)16	Ŷ		
	City mcallen	State TX		Zip Code 78501				: SA11AI Receipt tl					
	FEC ID number of contributing federal political committee.	С						-	_	50.0	0		
	Name of Employer (for Individual) self-employed		•	ion (for Individual) nvestor		Me contributi	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 450.00									
в.	Full Name of Individual (Last, First, Middle Init Helbing, Robert, , ,	ial) or Full O	rga	nization Name		Date of	Receipt						
	Mailing Address 820 Tamarack					09	/ D		20	ү 16	Y		
	City mcallen	State TX		Zip Code 78501				: SA11AI Receipt tl		-			
	FEC ID number of contributing federal political committee.	С							_	50.0	0		
	Name of Employer (for Individual) self-employed			tion (for Individual) Investor	_	Me	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00									
с.	Full Name of Individual (Last, First, Middle Init Hensler, Blake, , Mr.,	ial) or Full O)rgai	nization Name		Date of	Receipt						
	Mailing Address 3414 Pricess Street					08	/ D		20	ү 16	Y		
	City Edinburg	State TX		Zip Code 78539				: SA11AI Receipt tl					
	FEC ID number of contributing federal political committee.	С					y	. ,	_	25.0	0		
	Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor					emo Item on						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00											
s	UBTOTAL of Receipts This Page (optional)			•	I		,	,	-	125.0	0		

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De	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use for e
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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 Hensler, Blake, , Mr., Α. Date of Receipt Mailing Address 3414 Pricess Street 2016 09 16 City Zip Code State Transaction ID : SA11AI.36141 Edinburg TΧ 78539 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hensler, Monica, , Ms, Date of Receipt Mailing Address 3414 Princess Street 08 15 2016 City State Zip Code Transaction ID : SA11AI.35789 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hensler, Monica, Ms, Date of Receipt Mailing Address 3414 Princess Street М 09 16 2016 City State Zip Code Transaction ID : SA11AI.36142 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00

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11c

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 OF 3 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name of Individual (Last, First, Middle Initial) or Full C A. Hernandez, Ambrosio, , , Mailing Address 2000 Dana	Prganization Name	Date of Receipt

Α.	Hernandez, Ambrosio, , ,	llial) of Full Org		Date of Receipt
	Mailing Address 2000 Dana			07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35086
	Pharr	ТХ	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2650.00	
B.	Full Name of Individual (Last, First, Middle Ini Hernandez, Ambrosio, , , Mailing Address 2000 Dana	tial) or Full Org	anization Name	Date of Receipt
			1	07 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35437
	Pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physic	pation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 3050.00	
— C.	Full Name of Individual (Last, First, Middle Ini Hernandez, Ambrosio, , ,	itial) or Full Org	anization Name	Date of Receipt
	Mailing Address 2000 Dana			08 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35790
	Pharr	ТХ	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	ame of Employer (for Individual) Occupation (for Individual) elfemployed physician			Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 3450.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
F	OTAL This Period (last page this line number			

386
SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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386

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_	11a 13		11b 14	11c	12				
	ny information copied from such Reports and for commercial purposes, other than using th				for	the	purp	ose o	f soliciting	contribu				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name of Individual (Last, First, Middle Ir Hernandez, Ambrosio, , , Mailing Address 2000 Dana	nitial) or Full O	rganization Name			M M	f Red	ceipt		Y Y	Ŷ			
	City	State	Zip Code		Ŀ,	09		16		2016				
	Pharr	TX	78577						: SA11AL					
	FEC ID number of contributing federal political committee.	С				noun			Receipt th	400.				
	Name of Employer (for Individual)	Occ	upation (for Individual)		L	Μ	emo	Item						
	selfemployed	phy	sician	0	con	tribut	tion							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3850.00											
В.	Full Name of Individual (Last, First, Middle In Hernandez, Maximiliano, , ,	iitial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin	Otata		07 07 2016										
	City mcallen	State TX	Zip Code 78503						SA11AL: Receipt th					
	FEC ID number of contributing federal political committee.	С				noun				250.				
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	(Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]										
<u> </u>	Full Name of Individual (Last, First, Middle Ir Hernandez, Maximiliano, , ,	iitial) or Full O	rganization Name		Da	ate of	f Red	ceipt						
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin					07	/	D 15		y y 2016	Y			
	City mcallen	State TX	Zip Code 78503						: SA11AI. Receipt th					
	FEC ID number of contributing federal political committee.	С			Ę			9	y	250.	00			
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		Contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00]										
s	SUBTOTAL of Receipts This Page (optional)			•	[900.	00			

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		Detailed Summary Page	X 11		11c	12 16	
Any information copied from such Reports ar or for commercial purposes, other than using					oliciting	contributio	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name of Individual (Last, First, Middle A. Hernandez, Maximiliano, , ,	e Initial) or Full C	Organization Name	Date	e of Receipt			
Mailing Address 301 Byron Nelson Drive			M	M / D D	/ Y	Y Y Y	
#40 Villas Jardin	01-1-	7 : 01-		08 15		2016	
City mcallen	State TX	Zip Code 78503		ansaction ID : S			
		10000	Amo	ount of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				-	250.00	
Name of Employer (for Individual)	Occ	cupation (for Individual)		Memo Item			
selfemployed	phy	vsician	contr	ibution			
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		2250.00]				
Full Name of Individual (Last, First, Middle B. Hernandez, Maximiliano, , ,	Initial) or Full C	Organization Name	Date	e of Receipt			
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin)9 / D D	/ Y	y y 2016	
City	State	Zip Code	Tra	ansaction ID : S	A11AI.3	6145	
mcallen	TX	78503	Amo	ount of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				-	250.00	
Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	contri	Memo Item			
Receipt For:		Year-to-Date V					
Primary General	1.99.094		- I				
Other (specify) ▼		2500.00					
Full Name of Individual (Last, First, Middle . Hoffman, Maria, , ,	Initial) or Full C	Drganization Name	Date	e of Receipt			
Mailing Address 802 Inspiration Road)7 / D D D 07	/ Y	2016	
City	State	Zip Code	Tr	ansaction ID : S	6A11AI.3	35074	
pharr	ТХ	78577	Amo	ount of Each Re	ceipt thi	s Period	
FEC ID number of contributing	_						

federal political committee.	С	250.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1750.00	Memo Item contribution

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 OF 386 (check only one) Image: state stat
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC		
Α.	Full Name of Individual (Last, First, Middle Initi Hoffman, Maria, , ,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 802 Inspiration Road			07 / D D / Y Y Y Y Y 07 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35440
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	selfemployed		sician	contribution
	Receipt For:		Year-to-Date V	-
	Primary General	, iggi ogulo		1
	Other (specify) ▼	L	2000.00	
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	rganization Name	
В.	Hoffman, Maria, , ,			Date of Receipt
	Mailing Address 802 Inspiration Road			08 / D D / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35793
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 2250.00	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Hoffman, Maria, , ,	al) or Full C	rganization Name	Date of Receipt
	Mailing Address 802 Inspiration Road			M M / D D / Y Y Y Y 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36146
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	selfemployed		sician	contribution
	Receipt For:	1	Year-to-Date ▼	—
	Primary General Other (specify)		2500.00]
s	UBTOTAL of Receipts This Page (optional)		b	750.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)					
		13 14 15 16 17 / person for the purpose of soliciting contributions ttee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi Honrubia, Dynio, , Dr.,	al) or Full C	Drganization Name	Date of Receipt			
	Mailing Address 5600 North Cynthia			07 07 Y Y Y Y Y 2016			
	City	State	Zip Code	Transaction ID : SA11AI.35089			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) self-employee		cupation (for Individual) rsician	Memo Item contribution			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		350.00				
В.	Full Name of Individual (Last, First, Middle Initi Honrubia, Dynio, , Dr.,	al) or Full C	Drganization Name	Date of Receipt			
	Mailing Address 5600 North Cynthia			07 15 2016			
	City	State	Zip Code	Transaction ID : SA11AI.35441			
	McAllen	ТХ	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) self-employee		cupation (for Individual) /sician	Memo Item contribution			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼	L	400.00				
C.	Full Name of Individual (Last, First, Middle Initi Honrubia, Dynio, , Dr.,	al) or Full C	Organization Name	Date of Receipt			
	Mailing Address 5600 North Cynthia			08 / D D / Y Y Y Y 15 / 2016			
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35794 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item			
	Receipt For:	1					
	Primary General	Aggregate	Year-to-Date V				
	Other (specify)		450.00				
s	UBTOTAL of Receipts This Page (optional)			150.00			

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SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	n 3x)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 OF 3 (check only one) 11a 11a 11b 11c 12 13 14 15 16
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	ERAL PAC		
Full Name of Individual (Last, First, A. Honrubia, Dynio, , Dr.,	Middle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 5600 North Cynthia	1		09 / 16 / Y Y Y Y 2016
City	State	Zip Code	Transaction ID : SA11AI.36147
MaAllan	TY	70504	

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Honrubia, Dynio, , Dr.,		Date of Receipt
Mailing Address 5600 North Cynthia		09 16 / Y Y Y Y 2016
City	State Zip Code	Transaction ID : SA11AI.36147
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nitial) or Full Organization Name	Date of Receipt
Mailing Address 204 Rio Grande		07 07 2016
City	State Zip Code	Transaction ID : SA11AI.35090
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	
	nitial) or Full Organization Name	Date of Receipt
Mailing Address 204 Rio Grande		07 / D D / Y Y Y Y 2016
		Transaction ID : SA11AI.35442
mission	1X /85/2	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3050.00	
	Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle I Honrubia, Vincent, , , Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle I Honrubia, Vincent, , , Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual (Last, First, Middle I Honrubia, Vincent, , , Mailing Address 204 Rio Grande City mission FEC ID number of contributing <td< td=""><td>Mailing Address 5600 North Cynthia City State Zip Code McAllen Tx 78504 FEC ID number of contributing C Image: Complex contribution of the contributing federal political committee. Aggregate Year-to-Date ▼ C Image: Contributing federal political committee. C C Image: Contributing federal political committee. C C Image: Contributing federal political committee. C C Image: Contributing</td></td<>	Mailing Address 5600 North Cynthia City State Zip Code McAllen Tx 78504 FEC ID number of contributing C Image: Complex contribution of the contributing federal political committee. Aggregate Year-to-Date ▼ C Image: Contributing federal political committee. C C Image: Contributing federal political committee. C C Image: Contributing federal political committee. C C Image: Contributing

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 OF 386 (check only one) ************************************
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
A.	Full Name of Individual (Last, First, Middle Ini Honrubia, Vincent, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 204 Rio Grande			08 15 / Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35795 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3450.00]
в.	Full Name of Individual (Last, First, Middle Ini Honrubia, Vincent, , , Mailing Address 204 Rio Grande	tial) or Full O	rganization Name	Date of Receipt
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36148 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3850.00]
C.	Full Name of Individual (Last, First, Middle Ini Husain, Syed, , Dr., Mailing Address 7020 N. 1st	tial) or Full O	rganization Name	Date of Receipt
	City McAllen	State TX	Zip Code 78504	07 07 2016 Transaction ID : SA11AI.35091 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1
	UPTOTAL of Descints This Dags (antional)			900.00

SUBTOTAL of Receipts This Pa	ge (optional)		1	1	y	1	9	-	 	
TOTAL This Period (last page th	is line number only)	Γ								
					-		-7		100	

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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	y information copied from such Reports and S for commercial purposes, other than using the														
\setminus	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	BORDER HEALTH FEDERAL	PAC													
Α.	Full Name of Individual (Last, First, Middle In Husain, Syed, , Dr.,	itial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 7020 N. 1st				07	1	D D D 15	/ Y	y 201						
	City	State	Zip Code		Transaction ID : SA11AI.35443										
	McAllen	TX	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							1	00.0)				
	Name of Employer (for Individual) self-employee	upation (for Individual) sician		M contribu		o Item									
	Receipt For:		Year-to-Date ▼	\dashv											
	Primary General Other (specify) ▼	800.00													
		_													
B.	Full Name of Individual (Last, First, Middle In Husain, Syed, , Dr.,	Date of Receipt													
	Mailing Address 7020 N. 1st				M M 08	1	D D 15	/ Y	2016						
	City	State	Zip Code		Trans	act	ion ID : S	SA11AI.3	5796						
	McAllen	TX	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							1	00.0	כ				
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	c	Memo Item										
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	Primary General	Aggregate		11											
	Other (specify)	L	900,00	4											
с.	Full Name of Individual (Last, First, Middle In Husain, Syed, , Dr.,	itial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 7020 N. 1st				^M 09	1	D D 16	/ Y	2016						
	City	State	Zip Code		Trans	sac	tion ID :	SA11AI.3	6149)					
	McAllen	TX	78504	_	Amoun	t of	Each R	eceipt this	3 Per	iod					
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	Name of Employer (for Individual)	000	upation (for Individual)	-	N	lem	o Item								
	self-employee		sician		contribu	tion	1								
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	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	ıL.											
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S	CHEDULE A (FEC Form 3X)		<u> </u>		FOR LINE NUMBER: PAGE 152 OF 386								
IT	EMIZED RECEIPTS		Use separate s for each catego Detailed Summ	ry of the	(check only one)								
	y information copied from such Reports and St for commercial purposes, other than using the				rson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Iglesias, Norma, , Dr.,	ial) or Full C	Organization Name		Date of Receipt								
	Mailing Address 712 S. Cage	-			07 07 / Y Y Y Y 07 07 2016								
	City Pharr	State TX	Zip Code 78577		Transaction ID : SA11AI.35092 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) self-employed		upation (for Individ sician	ual)	Memo Item contribution								
	Receipt For:	Aggregate	Year-to-Date V	2800.00									
в.	Full Name of Individual (Last, First, Middle Initi Iglesias, Norma, , Dr., Mailing Address 712 S. Cage	ial) or Full C	Organization Name		Date of Receipt								
	City Pharr	State TX	Zip Code 78577		Transaction ID : SA11AI.35444 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) self-employed		upation (for Individ vsician	ual)	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	3200.00									
С.	Full Name of Individual (Last, First, Middle Initi Iglesias, Norma, , Dr.,	ial) or Full C	Organization Name		Date of Receipt								
	Mailing Address 712 S. Cage	Otata	Zin Oada		08 / D D / Y Y Y Y 2016								
	City Pharr	State TX	Zip Code 78577		Transaction ID : SA11AI.35797 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) self-employed		upation (for Individ sician	ual)	Contribution								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	3600.00									
s	UBTOTAL of Receipts This Page (optional)				1200.00								

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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386

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	17						
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Full Name of Individual (Last, First, I A. Iglesias, Norma, , Dr., Mailing Address 712 S. Cage	Middle Initial) or Full C	rganization Name	Date of										
City	State	Zip Code	Trans	Transaction ID : SA11AI.36150									
Pharr	ТХ	78577	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	deral political committee.												
Name of Employer (for Individual)	Occ	upation (for Individual)	M	emo Item									
self-employed	phy	sician	contribut	ion									
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) V		4000.00											
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Full Name of Individual (Last, First, I B. Igoa, Jose, E., Dr.,	Middle Initial) or Full C	Organization Name	Date of	f Receipt									
Mailing Address 3716 S 'J' Street			07	, , , , , , , , , , , , , , , , , , ,		y y 2016	Y						
City	State	Zip Code	Trans	action ID	: SA11AI.35	093							
McAllen	ТХ	78503	Amount										
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Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2525.00]										
Full Name of Individual (Last, First, I C. Igoa, Jose, E., Dr.,	Middle Initial) or Full C	organization Name	Date of	f Receipt									
Mailing Address 3716 S 'J' Street			м м 07	/ D		ү 2016	Y						
City	State	Zip Code	Trans	action ID	: SA11AI.3	5445							
McAllen	ТХ	78503	Amount	t of Each	Receipt this	Period							
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Name of Employer (for Individual) selfemployed		upation (for Individual) sician	contribut	emo Item tion									
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FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			Use separate schedule(s) for each category of the	-	R LINE eck on			ł: F	AGE	154 O	F 386			
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F														
A.	Full Name of Individual (Last, First, Middle Init Igoa, Jose, E., Dr.,	tial) or Full O	rga	nization Name	Date of Receipt										
	Mailing Address 3716 S 'J' Street				08 / D D / Y Y Y Y 08 15 2016										
	City McAllen	State TX		Zip Code 78503	Transaction ID : SA11AI.35798 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		y	400.	00			
	Name of Employer (for Individual) selfemployed	Occi phy:		tion (for Individual) an	Memo Item contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 3325.00]										
в.	Full Name of Individual (Last, First, Middle Init Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street	tial) or Full O	or Full Organization Name					eceipt	D /	Y	y y y 2016	Y			
	City	State Zip Code					sacti			-	_				
	McAllen	ТХ		78503	Transaction ID : SA11AI.36151 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual) selfemployed	Occ phy		tion (for Individual) an	c	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ , 3725.00]										
с.	Full Name of Individual (Last, First, Middle Init Irigoyen, Fructueso, , Dr.,	tial) or Full O	rga	nization Name		Date c	of Re	eceipt							
	Mailing Address 717 S. 'G' Street					м 07	/	D 07		Y	y y 2016	Y			
	City McAllen	State TX		Zip Code 78504				ion ID	-						
	FEC ID number of contributing federal political committee.	С				Amour		Each	Receip	ot this	Period				
	Name of Employer (for Individual) Self employed			tion (for Individual) n		N contribu		o Item							
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 350.00]										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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386

17			Use separate schedule(s)			(check only one)										
11	EMIZED RECEIPTS			ategory of the ummary Page		X 11a 13		11b 14	11c		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		pose o	f solicitir		ntributi	ons				
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	BORDER HEALTH FEDERAL P	AC														
Α.	Full Name of Individual (Last, First, Middle Initia Irigoyen, Fructueso, , Dr.,	al) or Full O	rganization Na	ame		Date of	f Re	eceipt								
	Mailing Address 717 S. 'G' Street					07 / D D / Y Y Y Y 2016										
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	Mailing Address 717 S. 'G' Street City State Zin Code							D 15			16 16	Y				
	City McAllen	State TX	Zip Code 78504						SA11A							
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	Name of Employer (for Individual) Self employed	Occupation (for Individual) physician					Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date	•												
	Primary General Other (specify) ▼		4 4	450.00												
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Irigoyen, Fructueso, , Dr.,	al) or Full O	rganization Na	ame		Date of	f Re	eceipt								
	Mailing Address 717 S. 'G' Street					м м 09	/	D 16) 16	Y				
	City McAllen	State TX	Zip Code 78504						: SA11A Receipt			_				
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	. y		50.0	0				
	Name of Employer (for Individual) Self employed	Occupation (for Individual) physician					emo tion	tem Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date													
s	UBTOTAL of Receipts This Page (optional)							y	. ,		150.0	0				

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

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 156 OF 386									
IT	EMIZED RECEIPTS		for each category of the										
			Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full)												
	BORDER HEALTH FÉDERAL I	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini Jacobson, Marina, , Ms,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1505 Doherty			08 / D D / Y Y Y Y 2016									
	City	State TX	Zip Code	Transaction ID : SA11AI.35800									
	Mission		78572	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	selfemployed	priva	ate investor	contribution									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General			1									
	Other (specify) v		225.00	1									
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name										
в.	Jacobson, Marina, , Ms,			Date of Receipt									
	Mailing Address 1505 Doherty			09 16 / Y Y Y Y 2016									
	City	State	Zip Code	Transaction ID : SA11AI.36153									
	Mission	ТХ	78572	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			1									
	Other (specify) v		, 250.00										
C.	Full Name of Individual (Last, First, Middle Ini Jain, Dinesk, , Dr.,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 6208 N. Cynthia			07 07 / Y Y Y Y 07 07 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35096									
	McAllen	TX	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution									
	Receipt For:	1	Year-to-Date ▼										
	Primary General Other (specify)		350.00	1									
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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC											
Full Name of Individual (Last, First, Middle A. Jain, Dinesk, , Dr., Mailing Address 6208 N. Cynthia	Initial) or Full C	rganization Name	Date of Receipt									
City McAllen	State TX	Zip Code 78504	07 15 2016 Transaction ID : SA11AI.35448 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) V	phy	upation (for Individual) sician Year-to-Date ▼ 400.00	Memo Item contribution									
B. Full Name of Individual (Last, First, Middle Jain, Dinesk, , Dr., Mailing Address 6208 N. Cynthia	Initial) or Full C	Organization Name	Date of Receipt									
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	08 15 2016 Transaction ID : SA11AI.35801 Amount of Each Receipt this Period 50.00									
Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) /sician Year-to-Date ▼ 450.00	Memo Item contribution									
Full Name of Individual (Last, First, Middle C. Jain, Dinesk, , Dr.,	Initial) or Full C	Drganization Name	Date of Receipt									
Mailing Address 6208 N. Cynthia City McAllen	State TX	Zip Code 78504	M M M / D D / Y Y Y Y Y 09 16 2016 Transaction ID : SA11AI.36154 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C											
Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	phys	upation (for Individual) sician Year-to-Date ▼ 500.00	Memo Item contribution									
SUBTOTAL of Receipts This Page (optional))		150.00									

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(ch	R LINE eck on		ie)		158 OF	386			
			Detailed Summary Page	Ιŀ	11a		11b 14	11c	12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	e name and			for the		oose of	soliciting	contributio	ons			
	DORDER HEALITT EDERAL												
<u> </u>	Full Name of Individual (Last, First, Middle Ini Jinenez-Flores, Danielle, , Dr.,	tial) or Full (Organization Name	Date of Receipt									
	Mailing Address 4212 Lebanon			07 07 / Y Y Y Y 07 07 2016									
	City Edinburg	State TX	Zip Code 78539		Trans Amoun	5097 9 Period							
	FEC ID number of contributing federal political committee.	C					y	-	200.00)			
	Name of Employer (for Individual) self-employed		cupation (for Individual) ysician		N contribu		Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1450.00										
в.	Full Name of Individual (Last, First, Middle Ini Jinenez-Flores, Danielle, , Dr.,	itial) or Full (Organization Name		Date o	of Re	· ·						
	Mailing Address 4212 Lebanon	State		07	/	15		2016					
	Edinburg	TX	Zip Code 78539	Transaction ID : SA11AI.35449 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				,		200.00)				
	Name of Employer (for Individual) self-employed		cupation (for Individual) ysician	c	N N		Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00										
с.	Full Name of Individual (Last, First, Middle Ini Jinenez-Flores, Danielle, , Dr.,	itial) or Full (Organization Name		Date o	of Re	ceipt						
	Mailing Address 4212 Lebanon				^M 08	1	D 15		y y 2016				
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35802 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С	200.00										
	Name of Employer (for Individual) self-employed		cupation (for Individual) /sician		N		Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1850.00										

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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386

TTEMIZED RECEIPTS	betailed Summary Page					11b	11c		12				
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or for commercial purposes, other than using t	he name and a	ddress of any political committee	e to sol	licit co	ntrib	utions	from suc	h cor	nmitte	эе.			
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Full Name of Individual (Last, First, Middle A. Jinenez-Flores, Danielle, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4212 Lebanon				м м 09	/	D 16		20	т 16	Y			
City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.3615	5				
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self-employed	phys	sician	cc	ontribut	tion								
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General			11.										
Other (specify) v		2050.00	4										
Full Name of Individual (Last, First, Middle B. Jordan, Belinda, , Dr.,	Initial) or Full O	rganization Name		Date o	f Re	ceipt							
Mailing Address 2621 Trenton		м м 07	/	07		201	16	Y					
City	State	Zip Code		Transaction ID : SA11AI.35098									
Edinburg	TX	78539					Receipt t		-				
FEC ID number of contributing federal political committee.	C								50.0)0			
Name of Employer (for Individual) self-employed		upation (for Individual) sician	co	M		ltem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		, 350.00]										
Full Name of Individual (Last, First, Middle C. Jordan, Belinda, , Dr.,	Initial) or Full O	rganization Name		Date o	f Re	ceipt							
Mailing Address 2621 Trenton				м м 07	/	D 15		20	16	Y			
City Edinburg	State TX	Zip Code 78539	A	Transaction ID : SA11AI.35450 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			_		,			50.0)0			
Name of Employer (for Individual) self-employed	Occu phys	ipation (for Individual) ician	co	M		tem							
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Primary General Other (specify)]											
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 OF 386 (check only one) 11a 11a 11b 13 14							
	y information copied from such Reports and St for commercial purposes, other than using the				rson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC										
Α.	Full Name of Individual (Last, First, Middle Initi Jordan, Belinda, , Dr.,	al) or Full O	rga	nization Name	Date of Receipt							
	Mailing Address 2621 Trenton				08 15 2016							
	City Edinburg	State TX		Zip Code 78539	Transaction ID : SA11AI.35803 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			50.00							
	Name of Employer (for Individual) self-employed	Occi phys	•	tion (for Individual) an	Memo Item contribution							
	Receipt For:	Aggregate	Yea	ar-to-Date ▼ 450.00								
В.	Full Name of Individual (Last, First, Middle Initi Jordan, Belinda, , Dr., Mailing Address 2621 Trenton	al) or Full O	rga	nization Name	Date of Receipt							
	City	State		Zip Code	09 16 2016							
	Edinburg	TX		78539	Transaction ID : SA11AI.36156 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			50.00							
	Name of Employer (for Individual) self-employed	Occi phy:	•	tion (for Individual) an	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00								
			,	4								
C.	Full Name of Individual (Last, First, Middle Initi Kalaf, Nelson, , ,	al) or Full O	rga	nization Name	Date of Receipt							
	Mailing Address 5401 N. 8th Street				M M / D D / Y Y Y Y Y 07 07 2016							
	City mcAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35099 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			250.00							
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) n	Memo Item contributon							
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	Other (specify)		7	1750.00								

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name of Individual (Last, First, Midd A. Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street	lle Initial) or Full (Drganization Name	Date of Receipt							
City mcAllen	State TX	Zip Code 78504	07 15 2016 Transaction ID : SA11AI.35452 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) selfemployed Receipt For:	phy	cupation (for Individual) vsician	Memo Item contributon							
Primary General Other (specify) ▼	Aggregate	2000.00								
Full Name of Individual (Last, First, Mide B. Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street	lle Initial) or Full (Organization Name	Date of Receipt							
City mcAllen	State TX	Zip Code 78504	08 15 2016 Transaction ID : SA11AI.35805							
FEC ID number of contributing federal political committee.	C	76504	Amount of Each Receipt this Period							
Name of Employer (for Individual) selfemployed		cupation (for Individual) ysician	Memo Item contributon							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ , 2250.00	_							
Full Name of Individual (Last, First, Mido C. Kalaf, Nelson, , ,	lle Initial) or Full C	Drganization Name	Date of Receipt							
Mailing Address 5401 N. 8th Street			09 16 2016							
City mcAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36158 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) selfemployed		cupation (for Individual) sician	Contributon							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00								
SUBTOTAL of Receipts This Page (option	al)		750.00							

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Kanhere, Gauri, , , Date of Receipt Α. Mailing Address 2548 Palm Circle M M 1 2016 07 07 City State Zip Code Transaction ID : SA11AI.35100 TΧ rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kanhere, Gauri, , , Date of Receipt Mailing Address 2548 Palm Circle 07 15 2016 City State Zip Code Transaction ID : SA11AI.35453 ТΧ rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kanhere, Gauri, , , Date of Receipt Mailing Address 2548 Palm Circle MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35806 ТΧ rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 162 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 163 OF

386

17		Use separate schedule(s) for each category of the				(check only one)									
11	EMIZED RECEIPTS			X 11a		11b 14	11c		12 16	17					
	ny information copied from such Reports and St for commercial purposes, other than using the					for the		pose of	f solicitir		ntributi	ons			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Kanhere, Gauri, , ,	al) or Full O)rga	nization Name		Date o	of Re	eceipt							
	Mailing Address 2548 Palm Circle					09	/	D 16) 16	Y			
	City rio grande city	State TX		Zip Code 78582	Transaction ID : SA11AI.36159 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С									250.0	0			
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) an		Contribu		o Item							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼											
	Primary General Other (specify) ▼		-	2500.00											
в.	Full Name of Individual (Last, First, Middle Initi Kaplan, Adolfo, , Dr.,	al) or Full O	rga	nization Name		Date o	of Re	eceipt							
	Mailing Address 7902 N. 2th Street							07		Y Y 20	ү 16	Y			
	City State Zip Code McAllen TX 78504						Transaction ID : SA11AI.35102 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	ï			Amoun			Receipt		200.0	0			
	Name of Employer (for Individual) self-employed	Occupation (for Individual) physician					lem tion	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00													
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Kaplan, Adolfo, , Dr.,	al) or Full O	rga	nization Name		Date o	of Re	eceipt							
	Mailing Address 7902 N. 2th Street					07	/	D 15		Y Y 20	16 [°]	Ŷ			
	City McAllen	State TX		Zip Code 78504					: SA11A		-				
	FEC ID number of contributing federal political committee.	С				Amoun	it of	Each F	Receipt	this P	eriod 200.0	0			
	Name of Employer (for Individual) self-employed	Occi phys	•	tion (for Individual) n		N contribu		o Item							
	Receipt For: Primary General Other (specify)	1		ır-to-Date ▼ 1600.00											
s	UBTOTAL of Receipts This Page (optional)			•	• •			, . ,	,	-	650.0	0			

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	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Α.	Full Name of Individual (Last, First, Middle Initia Kaplan, Adolfo, , Dr.,	al) or Full C	organization Na	me	Date of Receipt
	Mailing Address 7902 N. 2th Street				08 / D D / Y Y Y Y Y 2016
	City	State	Zip Code		Transaction ID : SA11AI.35807
	McAllen	TX	78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer (for Individual)	Occ	upation (for Inc	lividual)	Memo Item
	self-employed	phy	sician		contribution
	Receipt For:	Aggregate	Year-to-Date	7	
	Primary General Other (specify) ▼			1800.00]
в.	Full Name of Individual (Last, First, Middle Initia Kaplan, Adolfo, , Dr.,	Date of Receipt			
	Mailing Address 7902 N. 2th Street				09 / D D / Y Y Y Y 09 16 2016
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.36160 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer (for Individual) self-employed		upation (for Inc	dividual)	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date	,	
	Primary General Other (specify) ▼		4 4	2000.00]
с.	Full Name of Individual (Last, First, Middle Initia Khademi, Kambiz, , Mr.,	al) or Full C	Organization Na	me	Date of Receipt
	Mailing Address P.O.Box 3422	_			07 / D D / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78502		Transaction ID : SA11AI.35103
			78502		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			40.00
	Name of Employer (for Individual)	Occ	upation (for Inc	lividual)	Memo Item
	self-employed	phys	sician		contribution
	Receipt For:	Aggregate	Year-to-Date		
	Other (specify)			280.00]
s	UBTOTAL of Receipts This Page (optional)				440.00

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

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 165 OF

386

••				Detailed Summary Page					11b		11c		12	<u> </u>					
۸.	ny information copied from such Reports and Sta	tomonto		not be cold or used by any p		13 for t			14 nose (15 liciting		16 tributi	17 ons					
	for commercial purposes, other than using the r																		
\square	NAME OF COMMITTEE (In Full)																		
$ \rangle$	BORDER HEALTH FEDERAL PA	AC																	
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	Full Name of Individual (Last, First, Middle Initia Khademi, Kambiz, , Mr.,	l) or Fu	ull Orga	inization Name		_ .		. –											
Α.					_			_	eceipt					_					
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	self-employed		physici		contribution														
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	Primary General																		
	Other (specify)	<u> </u>	-	320.00															
	Full Name of Individual (Last, First, Middle Initia) or Fu		nization Namo															
в.	Khademi, Kambiz, , Mr.,	u) 01 1 U	in Orga			Date	e of	f Re	eceipt										
	Mailing Address P.O.Box 3422					М	M	/	D	D	/ Y	Y	Y	Y					
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	Other (specify) ▼			360.00															
_					<u> </u>														
~	Full Name of Individual (Last, First, Middle Initia	l) or Fu	ull Orga	inization Name		. .		. –											
С.	Khademi, Kambiz, , Mr., Mailing Address P.O.Box 3422				_			Re	eceipt										
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	McAllen	ТХ		78502		Amc	ount	t of	Each	Rece	eipt thi	is Pe	riod						
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	self-employed		physicia	an	c	ontr	ibut	tion											
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Khan, Salman Muhammad, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3435 MacQuarie Drive			07 07 / Y Y Y Y 07 07 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35104 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
B	Full Name of Individual (Last, First, Middle Initi Khan, Salman Muhammad, , Dr.,	al) or Full C	Organization Name	Date of Receipt
υ.	Mailing Address 3435 MacQuarie Drive			07 15 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) rsician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 400.00]
с.	Full Name of Individual (Last, First, Middle Initi Khan, Salman Muhammad, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3435 MacQuarie Drive			08 / D D / Y Y Y Y 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35809 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]
s	UBTOTAL of Receipts This Page (optional)			150.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) (check only one)												
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay no addre	ot be sold or used by any pe ss of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Khan, Salman Muhammad, , Dr.,	al) or Full C	Drgan	ization Name	Date of Receipt									
	Mailing Address 3435 MacQuarie Drive				09 16 / Y Y Y Y 2016									
	City Edinburg	State TX		Zip Code 78539	Transaction ID : SA11AI.36162 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer (for Individual) self-employed		cupati /siciar	on (for Individual) า	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 500.00										
–	Full Name of Individual (Last, First, Middle Initia Kiani, Gholam, , ,	al) or Full C	Drgan	ization Name	Date of Receipt									
υ.	Mailing Address 213 e. Xenops				07 07 2016									
	City mcallen	State TX		Zip Code 78504	Transaction ID : SA11AI.35105 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual) selfemployed		cupati vsicia	on (for Individual) n	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 1750.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drgan	ization Name	Date of Receipt									
	Mailing Address 213 e. Xenops	State		Zip Code	07 15 2016 Transaction ID : SA11AI.35457									
	mcallen	TX		78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual) selfemployed		cupati siciar	on (for Individual) 1	Memo Item contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 2000.00										
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 OF 386 (check only one) ************************************										
	y information copied from such Reports and St													
or	for commercial purposes, other than using the	e to solicit contributions from such committee.												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC												
Α.	Full Name of Individual (Last, First, Middle Initi Kiani, Gholam, , ,	ial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 213 e. Xenops			08 / D D / Y Y Y Y Y 2016										
	City	State TX	Zip Code 78504	Transaction ID : SA11AI.35810										
	mcallen		78504	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item										
	selfemployed	phy	vsician	contribution										
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	Primary General Other (specify) ▼		2250.00	1										
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В.	Full Name of Individual (Last, First, Middle Initi Kiani, Gholam, , ,	Drganization Name	Date of Receipt											
	Mailing Address 213 e. Xenops			09 16 2016										
	City	State	Zip Code	Transaction ID : SA11AI.36163										
	mcallen	TX	78504	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer (for Individual) selfemployed		cupation (for Individual) ysician	Memo Item										
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с.	Full Name of Individual (Last, First, Middle Initi Kiker, John, , Mr.,	ial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 416 N. 17th Street			07 07 / Y Y Y Y 07 07 2016										
	City	State	Zip Code	Transaction ID : SA11AI.35107										
	Donna	ТХ	78537	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) self-employed		cupation (for Individual) sician	Contribution										
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	Primary General Other (specify)		350.00]										

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Full Name of Individual (Last, First, Middle Kiker, John, , Mr., Mailing Address 416 N. 17th Street	e Initial) or Full Or	ganization Name	Date of Receipt
City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.35458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.0
Name of Employer (for Individual) self-employed	Occu phys	ipation (for Individual) iician	Memo Item contribution
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Full Name of Individual (Last, First, Middle Kiker, John, , Mr.,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 416 N. 17th Street			08 / D D / Y Y Y 2016
City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.35811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.0
Name of Employer (for Individual) self-employed		upation (for Individual) sician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle . Kiker, John, , Mr.,	Initial) or Full Or	ganization Name	

Mailing Address 416 N. 17th Street	09 / D D / Y Y Y Y 2016	
City	State Zip Code	Transaction ID : SA11AI.36164
Donna	TX 78537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00]
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	CHEDULE A (FEC Form 3X)		Use separate		FOR LINE NUMBER: PAGE 170 OF 386 (check only one)									
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	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
Α.	Full Name of Individual (Last, First, Middle Initi Klenz, Mary Elizabeth, , ,	al) or Full C	Organization Name	Э	Date of Receipt									
	Mailing Address 5111 N. 10th Street				07 / D D / Y Y Y Y Y 2016									
	City	State TX	Zip Code		Transaction ID : SA11AI.35108									
	mcallen		78504		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			150.00									
	Name of Employer (for Individual)	Occ	upation (for Indivi	dual)	Memo Item									
	selfemployed	phy	sician		contribution									
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General			4050.00										
	Other (specify) v		-yy-	1050.00										
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Proanization Name	9										
В.	Klenz, Mary Elizabeth, , ,		- gamzanon - tam	-	Date of Receipt									
	Mailing Address 5111 N. 10th Street				07 15 / Y Y Y Y Y 07 15									
	City	State	Zip Code		Transaction ID : SA11AI.35459									
	mcallen	TX	78504		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			150.00									
	Name of Employer (for Individual)	Occ	upation (for Indiv	idual)	Memo Item									
	selfemployed	phy	vsician		contribution									
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		* • • *	1200.00										
с.	Full Name of Individual (Last, First, Middle Initi Klenz, Mary Elizabeth, , ,	al) or Full C	Organization Name	e	Date of Receipt									
	Mailing Address 5111 N. 10th Street				08 15 2016									
	City	State	Zip Code		Transaction ID : SA11AI.35812									
	mcallen	TX	78504		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			150.00									
	Name of Employer (for Individual)	000	upation (for Indivi	dual)	Memo Item									
	selfemployed		sician		contribution									
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	Primary General													
	Other (specify)	L	-y	1350.00										
s	UBTOTAL of Receipts This Page (optional)				450.00									

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 171 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	F	12 16		17			
	ny information copied from such Reports and St for commercial purposes, other than using the				n for the		pose o	f soliciti		ontribut	ions				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Klenz, Mary Elizabeth, , ,	al) or Full O	Organization Name		Date o	f Re	eceipt								
	Mailing Address 5111 N. 10th Street				09 / D D / Y Y Y Y Y 2016										
	City mcallen	State TX	Zip Code 78504					SA11A Receipt							
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	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician		Contribu		o Item								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		1500.00												
в.	Full Name of Individual (Last, First, Middle Initi Kutugata, Jorge, , ,	al) or Full O	Organization Name		Date o	f Re	eceipt								
	Mailing Address Rt 2 Box 522-K		м м 07	1	D 07			016	Y						
	City weslaco	State TX	Zip Code 78596	-			-	SA11A							
	FEC ID number of contributing federal political committee.	C	76550		Period 250.0	00									
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		, 1750.00	1											
с.	Full Name of Individual (Last, First, Middle Initi Kutugata, Jorge, , ,	al) or Full O	Organization Name		Date o	f Re	eceipt								
	Mailing Address Rt 2 Box 522-K				M 07	/	D 15			2016	Ŷ				
	City weslaco	State TX	Zip Code 78596	_				: SA11A Receipt			-				
	FEC ID number of contributing federal political committee.					y .	. y	_	250.0	00					
	Name of Employer (for Individual) selfemployed	Ifemployed physician													
	Receipt For: Primary General Other (specify)	Primary General Agglegate Teal-to-Date V													
s	SUBTOTAL of Receipts This Page (optional)						,	,	_	650.0	0]			

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 OF 386 (check only one) Image: state s									
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Init Kutugata, Jorge, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address Rt 2 Box 522-K			M M / D / Y									
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35814 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00										
В.	Full Name of Individual (Last, First, Middle Init Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K	tial) or Full O	rganization Name	Date of Receipt									
	City	State	Zip Code	09 16 2016 Transaction ID : SA11AL.36166									
	weslaco	ТХ	78596	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		2500.00										
с.	Full Name of Individual (Last, First, Middle Init Leal, Ramiro, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 601 Tulip			07 07 Y Y Y Y 07 07 2016									
	City	State TX	Zip Code	Transaction ID : SA11AI.35111									
	mcallen		78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) ician	Memo Item contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00										

SUBTOTAL of Receipts This Page (optional)	Į,		9	 	9	_	55	0.00	/
	Г								
TOTAL This Period (last page this line number only)	L	 		 	-			-	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC											
A. Full Name of Individual (Last, First, Mid Leal, Ramiro, , , Mailing Address 601 Tulip	dle Initial) or Full Or	ganization Name	Date of Receipt									
City	State	Zip Code	Transaction ID : SA11AI.35462									
mcallen	TX	78504										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item									
selfemployed	phys		contribution									
Receipt For:		Year-to-Date V										
Primary General Other (specify) ▼		400.00	1									
Full Name of Individual (Last, First, Mid	dle Initial) or Full Or	ganization Name										
B. Leal, Ramiro, , ,			Date of Receipt									
Mailing Address 601 Tulip			M = M / D = D / Y = Y = Y = Y Y 08 15 2016									
City	State	Zip Code	Transaction ID : SA11AI.35816									
mcallen	TX	78504	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) selfemployed		ipation (for Individual) sician	Memo Item contribution									
Receipt For:	Aggregate	Year-to-Date 🔻	_									
Primary General Other (specify) ▼		, 450.00]									
Full Name of Individual (Last, First, Mid C. Leal, Ramiro, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name											
Mailing Address 601 Tulip			09 / D D / Y Y Y Y 2016									
City mcallen	State TX	Zip Code	Transaction ID : SA11AI.36168									
		78504	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
selfemployed	physi	ician	contribution									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		500.00]									
SUBTOTAL of Receipts This Page (option	' nal)		150.00									

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)										
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Ledesma, Raul, , Dr.,	al) or Full C	organization N	ame	Date of Receipt							
	Mailing Address 5508 N. 1st Street				07 07 Y Y Y Y 2016							
	City	State	Zip Code	e	Transaction ID : SA11AI.35112							
	McAllen	TX	78504		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			100.00							
	Name of Employer (for Individual) self-employed		upation (for Ir sician	ndividual)	Memo Item contribution							
	Receipt For:	Aggregate	Year-to-Date	▼								
	Primary General Other (specify) ▼			700.00	1							
В.	Full Name of Individual (Last, First, Middle Initia Ledesma, Raul, , Dr.,	al) or Full C	organization N	ame	Date of Receipt							
	Mailing Address 5508 N. 1st Street				07 15 2016							
	City McAllen	State TX	Zip Code 78504	9	Transaction ID : SA11AI.35463 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			100.00							
	Name of Employer (for Individual) self-employed		upation (for Ir	ndividual)	Memo Item contribution							
	Receipt For: Primary General	Aggregate	Year-to-Date	▼								
	Other (specify) V	L	<u> </u>	800.00	1							
C.	Full Name of Individual (Last, First, Middle Initia Ledesma, Raul, , Dr.,	al) or Full C	organization N	ame	Date of Receipt							
	Mailing Address 5508 N. 1st Street				08 / D D / Y Y Y Y 2016							
	City McAllen	State TX	Zip Code 78504	9	Transaction ID : SA11AI.35817							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
	Name of Employer (for Individual) self-employed		upation (for Ir sician	ndividual)	Memo Item							
	Receipt For:	1	Year-to-Date	•	—							
	Primary General Other (specify)	Aggregate	rear-to-Date	900.00	1							
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		<u> </u>	300.00							

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Ledesma, Raul, , Dr., Date of Receipt Α. Mailing Address 5508 N. 1st Street 1 2016 09 16 City Zip Code State Transaction ID : SA11AI.36169 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lema, Rodrigo, , Dr., Date of Receipt Mailing Address 124 Canary 07 2016 07 City State Zip Code Transaction ID : SA11AI.35113 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Lema, Rodrigo, , Dr., Date of Receipt Mailing Address 124 Canary MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35464 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 OF 386 (check only one) Image: state sta							
or for commercial purposes, other than usin			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	AL PAC									
Full Name of Individual (Last, First, Midd Lema, Rodrigo, , Dr.,	le Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 124 Canary			08 / D D / Y Y Y Y Y 2016							
City	State TX	Zip Code	Transaction ID : SA11AI.35818							
McAllen		78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item							
self-employed	phys	ician	contribution							
Receipt For:	Aggregate '	Year-to-Date V								
Primary General Other (specify) ▼		450.00]							
Full Name of Individual (Last, First, Midd Lema, Rodrigo, , Dr.,	le Initial) or Full Or	ganization Name	Date of Receipt							
Mailing Address 124 Canary			09 16 / Y Y Y Y 09 16 2016							
City	State	Zip Code	Transaction ID : SA11AI.36170							
McAllen	TX	78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) self-employed		ipation (for Individual) sician	Memo Item contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 500.00]							
Full Name of Individual (Last, First, Midd	le Initial) or Full Or	ganization Name	Data of Passint							

c. Lin, Rick, , Dr.,	Lin, Rick, , Dr.,							
Mailing Address 5112 N. 10th Street	Mailing Address 5112 N. 10th Street							
City	State	Zip Code	Transaction ID : SA11AI.35821					
McAllen	ТХ	78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item					
self-employee	phys	ician	contribution					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00						
SUBTOTAL of Receipts This Page (optiona		<u> </u>	125.00					
TOTAL This Period (last page this line num	OTAL This Period (last page this line number only)							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 OF 386 (check only one) Integration Image: Market for the second
_				13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Lin, Rick, , Dr.,	ial) or Full O	organization Name	Date of Receipt
	Mailing Address 5112 N. 10th Street			09 / D D / Y Y Y Y 09 16 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.36173
	McAllen		78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employee	phy	sician	contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		250.00	1
	Other (specify)		200.00	1
	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	Organization Name	
В.	Linan, Enrique, , Dr.,			Date of Receipt
	Mailing Address 3003 Santo Olivia			08 / D D / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35822
	Mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) self-employee		upation (for Individual) rsician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, , 225.00]
<u> </u>	Full Name of Individual (Last, First, Middle Initi Linan, Enrique, , Dr.,	ial) or Full O	organization Name	Date of Receipt
	Mailing Address 3003 Santo Olivia			09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36174
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	self-employee		sician	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00]
s	UBTOTAL of Receipts This Page (optional)			75.00

TOTAL This Period (last page this line number only)	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 OF 386 (check only one) 11a 11a 11b 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC		
Α.	Full Name of Individual (Last, First, Middle Ini Linebarger, Dale, , ,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 901 West 9th Street #405			07 07 V Y Y Y Y 07 07 07 2016
	City austin	State TX	Zip Code 78703	Transaction ID : SA11AI.35118 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]
В.	Full Name of Individual (Last, First, Middle Ini Linebarger, Dale, , ,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 901 West 9th Street #405 City	State	Zip Code	07 / 15 / 2016
	austin	TX	78703	Transaction ID : SA11AI.35469 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]
с.	Full Name of Individual (Last, First, Middle Ini Linebarger, Dale, , ,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 901 West 9th Street #405 City	State	Zip Code	08 / 15 / 2016 Transaction ID : SA11AI.35823
	austin	TX	78703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3600.00	1
s	UBTOTAL of Receipts This Page (optional)			1200.00

SUBTOTAL of Receipts This Page (optional)	L		y			12	00.00	0
	Г							_
TOTAL This Period (last page this line number only)	L	 	-7-	 	 		- 10	

SCHEDULE A	(FEC Form 3X)				
ITEMIZED RECEIPTS					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	contribu	itions		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F							Such Such				
Α.	Full Name of Individual (Last, First, Middle Init Linebarger, Dale, , , Mailing Address 901 West 9th Street	ial) or Full Organization Name			Date of Receipt							
	#405 City austin	StateZip CodeTX78703			Transaction ID : SA11AI.36175 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			400.00					_		
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	priva	upation (for Individual) ate investor Year-to-Date ▼ 4000.00	c	Memo Item contribution							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer				Date of Receipt							
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.35119 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				100.00						
	Name of Employer (for Individual) self-employed	Occupation (for Individual) physician				contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate										
c.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer				Date o	f Re	eceipt) / Y	YYY	Y		
	City	State	Zip Code		07 Trans	sact	15 ion ID :	SA11AI.	2016 35470			
	McAllen FEC ID number of contributing federal political committee.	С	78504		Amount of Each Receipt this Period							
	Name of Employer (for Individual) self-employed Receipt For:	phys	upation (for Individual) sician	c								
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00										
\vdash	UBTOTAL of Receipts This Page (optional)			<u> </u>			, ,	. y	600	00		
т	OTAL This Period (last page this line number of	only)		•								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 180 OF 386 (check only one)					
_			Detailed Summary Page	13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initi Linsangan, Linette, , Dr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 105 E. Yellowhammer			M = M / D = D / Y = Y = Y = Y Y 08 15 2016					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35824 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual) self-employed Receipt For:		upation (for Individual) sician	Memo Item contribution					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]					
В.	Full Name of Individual (Last, First, Middle Initi Linsangan, Linette, , Dr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 105 E. Yellowhammer			09 16 2016					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36176 Amount of Each Receipt this Period					
				100.00					
			cupation (for Individual) vsician	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00]					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Lizardo, Segundo, , Mr.,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 800 Amethyst Drive								
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35825 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution					
	Receipt For: Aggregate Year-to-Date			_					
	Other (specify)		225.00]					
s	UBTOTAL of Receipts This Page (optional)			225.00					

TOTAL This Period (last page this line number only).....
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Lizardo, Segundo, , Mr.,	ial) or Full C	rganization Name	Date of Receipt
	Mailing Address 800 Amethyst Drive			09 16 / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.36177
	Weslaco	ТХ	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employed		sician	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	1
	Full Name of Individual (Last, First, Middle Init Loggiodice, Nelson, , Mr.,	ial) or Full C	rganization Name	Date of Receipt
р.	Mailing Address 3098 N. Jackson Rd			
	Maning Hadroos 5090 N. Jackson Ku			07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35122
	Pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Self employed		upation (for Individual) estor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Loggiodice, Nelson, , Mr.,	ial) or Full C	rganization Name	Date of Receipt
	Mailing Address 3098 N. Jackson Rd			M M / D D / Y Y Y Y 07 15 2016
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.35474 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Self employed	Occ	upation (for Individual) stor	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		240.00	1
s	UBTOTAL of Receipts This Page (optional)			85.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		FOR LINE NUMBER: PAGE 182 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA												
Α.	Full Name of Individual (Last, First, Middle Initia Loggiodice, Nelson, , Mr.,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 3098 N. Jackson Rd			08 / Y Y Y Y 08 15 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35827									
	Pharr	TX	78577	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	Self employed	inve	estor	contribution									
	Receipt For:	Addredate	Year-to-Date ▼										
	Primary General	riggroguto											
	Other (specify)	L	270.00										
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name										
В.	Loggiodice, Nelson, , Mr.,			Date of Receipt									
	Mailing Address 3098 N. Jackson Rd			09 16 2016									
	City	State	Zip Code	Transaction ID : SA11AI.36179									
	Pharr	TX	78577	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Self employed		cupation (for Individual) estor	Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		, 300.00]									
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 105 E. Yellowhammer			M M / D D / Y Y Y Y 07 07 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35123									
	McAllen	ТХ	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	Self employed	phys	sician	contribution									
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		600.00]									
s	UBTOTAL of Receipts This Page (optional)			160.00									

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TOTAL This Period (last page this line number only)	•			-	 	-		-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Initi Loja, Wilmer, , Dr.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 105 E. Yellowhammer City	State	Zip Code	07 15 2016 Transaction ID : SA11AI.35475
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
В.	Full Name of Individual (Last, First, Middle Initi Loja, Wilmer, , Dr., Mailing Address 105	ial) or Full C	organization Name	Date of Receipt
	E. Yellowhammer City McAllen	State TX	Zip Code 78504	08 15 2016 Transaction ID : SA11AI.35828 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Self employed		upation (for Individual) rsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Loja, Wilmer, , Dr.,	ial) or Full C	organization Name	Date of Receipt
	Mailing Address 105 <u>E. Yellowhammer</u> City	State	Zip Code	09 / 16 / 2016 Transaction ID : SA11AI.36180
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00]
s	UBTOTAL of Receipts This Page (optional)			300.00

	age# 201705209055155900															
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS				(ch	FOR LINE NUMBER: PAGE 184 OF 3 (check only one)										
•••				Detailed Summary Page		K 11a		11b	110		12					
	ny information copied from such Reports and S															
or	for commercial purposes, other than using the	e name and a	aar	ess of any political committee	etos	olicit co	ntrit	outions	from si	ucn c	committe	e.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC														
Α.	Full Name of Individual (Last, First, Middle Ini Lopez, Alfredo, , ,	itial) or Full C)rga	nization Name		Date o	f Re	eceipt								
	Mailing Address 7609 N. 24th Circle					07 07 2016										
	City	State		Zip Code		Trans	sact	ion ID :	SA11	AI.35	125					
	mcallen	TX		78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				100.00										
	Name of Employer (for Individual) selfemployed	Occ phy	•	tion (for Individual) an		M		o Item								
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Other (specify)		- -	700.00]											
В.	Full Name of Individual (Last, First, Middle Ini Lopez, Alfredo, , ,	itial) or Full C	rga	nization Name		Date o	f Re	eceipt								
	Mailing Address 7609 N. 24th Circle			07 / D D / Y Y Y Y 2016												
	City	State		Zip Code		Trans	act	ion ID :	SA11/	AI.35	477					
	mcallen	TX		78504		Amoun	t of	Each F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	С	100.00													
	Name of Employer (for Individual) selfemployed	Occ phy	(Memo Item contribution												
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Other (specify) ▼]													
C.	Full Name of Individual (Last, First, Middle Ini Lopez, Alfredo, , ,	itial) or Full C	rga	nization Name		Date o	f Re	eceipt								
	Mailing Address 7609 N. 24th Circle					08	1	D 15			2016	ſ				
	City	State TX		Zip Code 78504				tion ID								
	mcallen		_	76504	_	Amoun	t of	Each F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	С	С					y .	. ,	_	100.00)				
	Name of Employer (for Individual) selfemployed	Occ	•	tion (for Individual) In		Memo Item contribution										
	Receipt For:	Aggregate Year-to-Date ▼														
	Other (specify)		Aggregate Year-to-Date ▼ 900.00													

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 185 OF

386

TIEMIZED REGEIPTS		for each category of the Detailed Summary Page				11b	11c	12						
Any information copied from such Repor				the p	ourp									
or for commercial purposes, other than u NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE		duress of any political committee		con	INDU		ITOITI SUC	n comm	illee.					
Full Name of Individual (Last, First, M A. Lopez, Alfredo, , , Mailing Address 7609 N. 24th Circle	liddle Initial) or Full O	rganization Name	_	e of	Rec	·		- Y = Y	Y					
				09 16 2016										
City mcallen	State TX	Zip Code 78504					SA11AI		d					
FEC ID number of contributing federal political committee.	С					,			0.00					
Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item											
selfemployed	phys	sician	conti	ibutio	on									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1											
Full Name of Individual (Last, First, N B. Lopez, Julio, , ,	liddle Initial) or Full O	rganization Name	Dat	e of	Rec	ceipt								
Mailing Address 1311 6th E. Street			M	м 08	/	15		y y 2016	Y					
City	State	Zip Code	Tr	Transaction ID : SA11AI.35831										
weslaco	TX	78596	Am	ount	of E	Each F	Receipt th	nis Perio	d					
FEC ID number of contributing federal political committee.	C			25.00										
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	contr	Memo Item contribution										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]											
Full Name of Individual (Last, First, M C. Lopez, Julio, , ,	liddle Initial) or Full O	rganization Name	Dat	e of	Rec	ceipt								
Mailing Address 1311 6th E. Street				09 ^M	/	D 16		2016	Y					
City weslaco	State TX	Zip Code 78596					SA11AI							
FEC ID number of contributing federal political committee.	С			Junt		-acii i			5.00					
Name of Employer (for Individual) selfemployed	Occu phys	ipation (for Individual) ician	cont			ltem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]											
SUBTOTAL of Receipts This Page (opt	ional)					,	9	150	0.00					

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

FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 186 OF 386 (check only one) I1a I1a 11b I1c 12 I3 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Lopez, Pamela, , Ms,	al) or Full C	Organiz	ation Name	Date of Receipt									
	Mailing Address 413 N. Gay Drive				08 15 2016									
	City Pharr	State TX	Z	ip Code 78577	Transaction ID : SA11AI.35832 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼		sician	n (for Individual) o-Date ▼ 225.00	Memo Item contribution									
В.	Full Name of Individual (Last, First, Middle Initia Lopez, Pamela, , Ms, Mailing Address 413 N. Gay Drive	al) or Full C	Drganiz	ation Name	Date of Receipt									
	City Pharr FEC ID number of contributing federal political committee.	State TX		ip Code 78577	09 16 2016 Transaction ID : SA11AI.36184 Amount of Each Receipt this Period 25.00									
	Name of Employer (for Individual) self-employed Receipt For: Primary General		/sician		Memo Item contribution									
	Other (specify) ▼		, .	250.00										
C.	Full Name of Individual (Last, First, Middle Initia Lozano, Sergio, , Dr., Mailing Address 2309 Spicewood Drive	ai) or fuil C	Jiganiz		Date of Receipt									
	City Weslaco	State TX		ip Code 78596	Transaction ID : SA11AI.35833 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)		sician	n (for Individual) o-Date ▼ 225.00	Memo Item contribution									
s	UBTOTAL of Receipts This Page (optional)				75.00									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 OF 386 (check only one) 11a 11a 11b 13 14								
	y information copied from such Reports and Sta for commercial purposes, other than using the n			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C										
Α.	Full Name of Individual (Last, First, Middle Initia Lozano, Sergio, , Dr.,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 2309 Spicewood Drive			09 16 / Y Y Y Y 09 16 2016								
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.36185 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name of Individual (Last, First, Middle Initia Mangi, Salil, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 3801 Sundown Court East			07 07 / Y Y Y Y 07 07 2016								
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.35130 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00									
	Full Name of Individual (Last, First, Middle Initia Mangi, Salil, , ,	l) or Full O	Organization Name	Date of Receipt								
0.	Mailing Address 3801 Sundown Court East	1		07 / D D / Y Y Y Y 2016								
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.35482 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00									
s	UBTOTAL of Receipts This Page (optional)			525.00								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Mangi, Salil, , , Α. Date of Receipt Mailing Address 3801 Sundown Court East 1 2016 08 15 City Zip Code State Transaction ID : SA11AI.35835 TΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mangi, Salil, , , Date of Receipt Mailing Address 3801 Sundown Court East 09 16 2016 City State Zip Code Transaction ID : SA11AI.36187 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.35131 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	L		y		9	62	5.00	
			1.1	 	1			
TOTAL This Period (last page this line number only)	L		-	 	-	 	-	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 14 13 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 Mangoo-Karim, Roberto, M., Dr., Date of Receipt Α. Mailing Address 3817 Sundown Ct 2016 07 15 City State Zip Code Transaction ID : SA11AI.35483 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 08 15 2016 City State Zip Code Transaction ID : SA11AI.35836 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1125.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct MM 09 16 2016 City State Zip Code Transaction ID : SA11AI.36188 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11b	11c		12	_
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	y information copied from such Reports and Sta for commercial purposes, other than using the r										
\setminus	NAME OF COMMITTEE (In Full)										
	BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Manrique, Carlos, , ,	al) or Full C	Organization Name		Date of	f Rec	ceipt				
	Mailing Address 116 Cardinal				м м 07	/	07	/ Y	ү 2	016	Y
	City	State	Zip Code		Trans	actio	on ID :	SA11AL	351	32	
	mcallen	ТХ	78504	_	Amount	t of E	Each R	eceipt th	is F	eriod	
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	selfemployed Receipt For:		sician	c	ontribut	lon					
	Primary General	Aggregate	Year-to-Date V	.							
	Other (specify) ▼		2800.00								
	Full Name of Individual (Last, First, Middle Initia Manrique, Carlos, , ,	al) or Full C	Organization Name		Data af						
	• • • • •			-	Date of	Rec	·				
	Mailing Address 116 Cardinal				м м 07	/	15	/ Y)16	Y
	City	State	Zip Code					SA11AI.3			
	mcallen	ТХ	78504	- 1	Amount	t of E	Each R	eceipt th	is F	eriod	
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	Receipt For:	Aggregate Year-to-Date ▼									
	Primary General										
	Other (specify)	L	3200.00								
	Full Name of Individual (Last, First, Middle Initia Manrique, Carlos, , ,	al) or Full C	Organization Name		Date of	f Rec	ceipt				
	Mailing Address 116 Cardinal				M M 08	/	D D D 15	/ Y)16 [°]	Y
	City	State	Zip Code		Trans	actio	on ID :	SA11AL	358	37	
	mcallen	ТХ	78504		Amount	t of E	Each R	eceipt th	is F	eriod	
FEC ID number of contributing federal political committee.		C			<u> </u>		9	9		400.	00
	Name of Employer (for Individual)	Occ	upation (for Individual)	\neg	M	emo	Item				
	selfemployed	phys	sician	c	ontribut	tion					
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		2022.22								
	Other (specify)		3600.00								
s	JBTOTAL of Receipts This Page (optional)		•				y			1200.(00

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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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 from such 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. Manrique, Carlos, ., Mailing Address 116 Cardinal City mcallen TX 78504 FEC ID number of contributing federal political committee. Name of Employer (for Individual) gefered political committee. Name of Employer (for Individual) gefered political committee. Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Marquez, Guillermo, ., . Mailing Address 1702 Trinity Road City TX TX Mailing Address 1702 Trinity Road City TX TX Receipt For: Pull Name of Individual Mailing Address 1702 Trinity Road City TX TX Receipt For: Primary				Detailed Summary Page	×	11a	11b	b	11c	12		_
ard 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. Maningue, Carlos, , . Mailing Address 116 Cardinal City macalen TX 78504 FeC ID number of contributing federal political committee. Paramaterion 12 SAT1AJ35183 Amount of Each Receipt this Period Receipt For: Primary General Primary General City Mailing Address 1702 Trinity Road FeC ID number of contributing federal political committee. Paramaterion 12 SAT1AJ35183 Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Ye	_					-				-		17
BORDER HEALTH FEDERAL PAC A. Mannique, Carlos,												
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Maining Address 116 Cardinal 09 10 2016 City Transaction ID: SA11AL36189 Anount of Each Receipt IN: Period FEC ID number of contributing tedral political committee. 0 400.00 Name of Employer (for Individual) physician 0 Receipt For: 0 400.00 0 Mailing Address 1702 Trinity Road Tx 78572 76 Receipt For: 0 0 0 0 Mailing Address 1702 Trinity Road Tx 78572 76 Receipt For: 0 0 0 0 Mailing Address 1702 Trinity Road C 0 0 0 City State Zip Code 76 2016 7 2016 Receipt For: 0	\setminus											
A. Maningue, Carlos, , . Maling Address 118 Cardinal Gity State Zip Code mcallen TX 78504 FEC ID number of contributing C Amount of Each Receipt this Period Preceipt For: Preceipt For: Aggregate Year-to-Date ▼ Print Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Marquez, Guillermo, , , Maling Address 1702 Trinity Road Date of Receipt this Period City State Zip Code Transaction ID: SA11AL35133 Receipt For: Aggregate Year-to-Date ▼ Preceipt this Period Maling Address 1702 Trinity Road C Code City State Zip Code mission TX 78572 FEC ID number of contributing C C Print Name of Individual Occupation (for Individual) Preceipt this Period Pagregate Year-to-Date ▼ Print Aggregate Year-to-Date ▼ Print Name of Individual (Last, First, Middle Initial) or Full Organization Name Transaction ID: SA11AL35485 Receipt For: Product for Individual Product for for for for formation iD: SA11AL35485 Namout of Each Rec		BORDER HEALTH FEDERAL P	AC									
City State Zip Code mcallen Tx Zip Code Transaction ID: SAtIALS6189 Amount of Each Receipt this Period FEC ID number of contributing C ideral political committee Aggregate Year-to-Date V mission Fill Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Marquez, Guillermo, , , Maling Address 1702 Timity Road City State Zip Code Transaction ID: SAtIALS3133 Amount of Each Receipt this Period B. Marquez, Guillermo, , , Maling Address 1702 Timity Road Date of Receipt this Period FEC ID number of contributing federal political committee C Mount of Each Receipt this Period Beffemployed Opcupation (for Individual) physician Receipt For: 400.00 400.00 Primary General Occupation (for Individual) selfemployed Aggregate Year-to-Date V Transaction ID: SAtIALS3133 Receipt For: Aggregate Year-to-Date V Transaction ID: SAtIALS3485 Maling Address 1702 Trinity Road C Transaction ID: SAtIALS3485 City Maling Address 1702 Trinity Road Transaction ID: SAtIALS3485	Α.		al) or Full O	Organization Name		Date of	f Receip	ot			-	
mcallen TX 78504 FEC: ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed physician Occupation (for Individual) physician Occupation (for Individual) physician Receipt For: C 400.00 Memo Item contribution Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Marquez, Guillermo, , , , Maling Address 1702 Trinity Road C City TX 78572 FEC ID number of contributing federal political committee. Occupation (for Individual) physician Receipt For: Aggregate Year-to-Date ▼ 400.00 Primary General Occupation (for Individual) physician Amount of Each Receipt Inis Period Receipt For: Aggregate Year-to-Date ▼ 400.00 Memo Item contribution Primary General Occupation (for Individual) physician Octive Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Maling Address 1702 Trinity Road TX 78572 Amount of Each Receipt Inis Period City Maling Address 1702 Trinity Road C Amount of Each Receipt Inis Period		Mailing Address 116 Cardinal					/ D		/ Y		Y	
FEC ID number of contributing federal political committee. C 400.00 Name of Employer (for Individual) selfemployed Decupation (for Individual) physician Marcing For: 4000.00 0 B. Marquez, Guillermo, , Aggregate Year-to-Date ▼ 0 0 B. Marquez, Guillermo, , Maling Address 1702 Trinity Road 0 0 City mission Tx 78572 7 2016 FEC ID number of contributing federal political committee. C 4000.00 0 Name of Employed Tx 78572 7 2016 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 0 0 0 0 Receipt For: Different political committee. C 0 0 0 0 0 0 Receipt For: Different political committee. C 0 <th></th> <th>City</th> <th>State</th> <th>Zip Code</th> <th></th> <th>Trans</th> <th>action I</th> <th>ID : SA</th> <th>11AI.36</th> <th>5189</th> <th>_</th> <th></th>		City	State	Zip Code		Trans	action I	ID : SA	11AI.36	5189	_	
rederal political committee. 400.00 Name of Employer (for Individual) selfemployed Coupation (for Individual) physician Memo Item contribution Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt B. Marquez, Guillermo, , , Mailing Address 1702 Trinity Road Tx 78572 City mission Tx 78572 Name of Employer (for Individual) peleorphysician Occupation (for Individual) physician Date of Receipt Receipt For: Other (specify) C Aggregate Year-to-Date ▼ Off Mailing Address 1702 Trinity Road C Amount of Each Receipt this Period Fc: D number of contributing federal political committee. Aggregate Year-to-Date ▼ Ontribution Primary General Occupation (for Individual) physician Occupation Name C. Marquez, Guillermo, , , Mailing Address 1702 Trinity Road Tx 78572 Mailing Address 1702 Trinity Road C Aggregate Year-to-Date ▼ Date of Receipt Tx 78572 Amount of Each Receipt this Period 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Amount of Each Receipt Mailing Address 1702 Trinity		mcallen	ТХ	78504		Amount	t of Eac	ch Rece	eipt this	Perio	d	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	F	12 16	1 1	7			
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	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL P	PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Marquez, Guillermo, , ,	al) or Full C	Drganization Name		Date o	f Re	eceipt								
	Mailing Address 1702 Trinity Road						08 15 2016								
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	Mailing Address 1702 Trinity Road				м м 09	/	D 16			016	Y				
	City	State	Zip Code		Trans	act	ion ID :	SA11A	1.361	90					
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0.	Mailing Address 7603 N. 2nd Lane				07	_	07			016	Y				
	City	State	Zip Code		Trans	sact	ion ID :	SA11A	I.35 1	134					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				berson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane	iitial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.35486
	mcallen	ТХ	78504	Amount of Each Receipt this Period
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В.	Full Name of Individual (Last, First, Middle In Martinez, Agustin, , ,	iitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 7603 N. 2nd Lane	08 15 2016		
	City	State	Zip Code	Transaction ID : SA11AI.35839
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	Mailing Address 7603 N. 2nd Lane			09 / D D / Y Y Y Y 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36191
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	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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X 11a 11b 11c 12 14 13 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 Martinez, Ricardo, , , Date of Receipt Α. Mailing Address 1903 W. Smith M M 1 2016 07 07 City Zip Code State Transaction ID : SA11AI.35135 edinburg TΧ 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martinez, Ricardo, , , Date of Receipt Mailing Address 1903 W. Smith 07 15 2016 City State Zip Code Transaction ID : SA11AI.35487 ТΧ edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 3050.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martinez, Ricardo, , , Date of Receipt Mailing Address 1903 W. Smith MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35840 ТΧ edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3450.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL I	PAC		
Α.	Full Name of Individual (Last, First, Middle Ini Martinez, Ricardo, , , Mailing Address 1903 W. Smith	tial) or Full O	rganization Name	Date of Receipt
	City edinburg	State TX	Zip Code 78539	09 16 2016 Transaction ID : SA11AI.36192 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	phys	upation (for Individual) sician	Contribution
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3850.00	
B.	Full Name of Individual (Last, First, Middle Ini Martinez, Robert, , Dr., Mailing Address 2809 Santa Lydia	Date of Receipt		
	City	State TX	Zip Code	07 07 2016 Transaction ID : SA11AI.35136
	Mission FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
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	Mailing Address 2809 Santa Lydia			07 15 / Y Y Y Y 2016
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35488 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
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\rangle	BORDER HEALTH FEDERAL P	AC											
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	Mailing Address 2809 Santa Lydia				м м 08	/	D 15)16	Y		
	City	State	Zip Code		Trans	acti	on ID :	: SA11A	1.3584	11			
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	Primary General Other (specify) ▼		900.00										
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	Mailing Address 2809 Santa Lydia						D	ר / ס	Y	Y	Y		
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	City	State TX	Zip Code 78572					SA11A		-			
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C.	Full Name of Individual (Last, First, Middle Initia Martinez, Santos, , ,	al) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 125 East Yucca				^M 07	/	D 07			16 [°]	Y		
	City	State	Zip Code		Trans	acti	ion ID	: SA11A	I.3513	37			
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Martinez, Santos, , , Mailing Address 125 East Yucca	ial) or Full Or	rganization Name	Date of Receipt											
	City	State	Zip Code	Transaction ID : SA11AI.35655											
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	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item											
	self-employed	priva	ate investor	contribution											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
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В.	Full Name of Individual (Last, First, Middle Init Mata, Israel, , Dr.,	ial) or Full Or	rganization Name	Date of Receipt											
	Mailing Address 2601 Lakeshore Drive	07 07 2016													
	City	State	Zip Code	Transaction ID : SA11AI.35138											
	Edinburg	TX	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C	50.00												
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contributon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 350.00]											
с.	Full Name of Individual (Last, First, Middle Init Mata, Israel, , Dr.,	ial) or Full Or	rganization Name	Date of Receipt											
	Mailing Address 2601 Lakeshore Drive			07 15 2016											
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35490											
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
	Name of Employer (for Individual) self-employed	Occu physi	ipation (for Individual) ician	Memo Item contributon											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]											
s	UBTOTAL of Receipts This Page (optional)			200.00											

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FEC Schedule A (Form 3X) Rev. 06/2016

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 198 OF 386 (check only one) 311a 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Mata, Israel, , Dr.,	l) or Full O	rganization Name	9	Date of Receipt							
	Mailing Address 2601 Lakeshore Drive	1			M M / D D / Y							
	City Edinburg	State TX	Zip Code 78539		Transaction ID : SA11AI.35843							
			78559		_ Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			50.00							
	Name of Employer (for Individual)		upation (for Indivi	idual)	Memo Item							
	self-employed Receipt For:		sician		contributon							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	450.00								
В.	Full Name of Individual (Last, First, Middle Initia Mata, Israel, , Dr.,	l) or Full O	rganization Name	9	Date of Receipt							
	Mailing Address 2601 Lakeshore Drive				09 16 2016							
	City Edinburg	State TX	Zip Code 78539		Transaction ID : SA11AI.36194 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			50.00							
	Name of Employer (for Individual) self-employed		upation (for Indiv sician	idual)	Memo Item contributon							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mata, Nelson, , Dr.,	l) or Full O	rganization Name	9	Date of Receipt							
	Mailing Address 1705 Palazzo				07 07 2016							
	City Mission	State TX	Zip Code 78572		Transaction ID : SA11AI.35139							
	FEC ID number of contributing federal political committee.	С	1.00.2		Amount of Each Receipt this Period							
	Name of Employer (for Individual) self-employed		pation (for Indivi	idual)	Memo Item							
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s	UBTOTAL of Receipts This Page (optional)				200.00							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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386

		for each category of the Detailed Summary Page	× 11a	۱ [11b	11c		12										
Any information copied from such Repo	orts and Statements ma	y not be sold or used by any p	person for th	ne pi	14 urpose	of solicitin	ig cor	16 ntribut	l 17 tions									
or for commercial purposes, other than NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-	aaress ot any political committe	e to solicit	conti	ribution	s from suc	n co	mmitte	90.									
Full Name of Individual (Last, First, I A. Mata, Nelson, , Dr., Mailing Address 1705 Palazzo	Middle Initial) or Full O	Date	М		D / 15		016	Y										
City	State	Zip Code	Tra	Transaction ID : SA11AI.35491														
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self-employed	phys	sician	contril	outio	n													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]															
Full Name of Individual (Last, First, I B. Mata, Nelson, , Dr.,	Middle Initial) or Full O	rganization Name	Date	of F	Receipt													
Mailing Address 1705 Palazzo	Mailing Address 1705 Palazzo								08 / D D / Y Y Y Y 2016									
City	State	Zip Code	Tra	nsad	ction ID) : SA11A	.3584	44										
Mission	TX	78572	Amo	Amount of Each Receipt this Period														
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Name of Employer (for Individual) self-employed		upation (for Individual) sician	contrib	Memo Item contribution														
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Full Name of Individual (Last, First, I C. Mata, Nelson, , Dr.,	Middle Initial) or Full O	rganization Name	Date	of F	Receipt													
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 C (check only one) 11a 11b 11c 12 13 14 15 16	DF 386										
	y information copied from such Reports and Sta for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P															
Α.	Full Name of Individual (Last, First, Middle Initi McNutt, Kimberely, , Ms,	al) or Full O	rga	nization Name	Date of Receipt											
	Mailing Address 7716 N. 27th				08 15 2016											
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35846 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			25	00										
	Name of Employer (for Individual) self-employed			tion (for Individual) investor	Memo Item contribution											
	Receipt For: General Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 225.00												
В.	Full Name of Individual (Last, First, Middle Initi McNutt, Kimberely, , Ms, Mailing Address 7716 N. 27th	al) or Full O	rga	nization Name	Date of Receipt	Y										
	<u></u>	Ctoto		Zin Codo	09 16 2016											
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.36197 Amount of Each Receipt this Period	1										
	FEC ID number of contributing federal political committee.	С			25	.00										
	Name of Employer (for Individual) self-employed			tion (for Individual) investor	Contribution											
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date ▼												
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C.	Full Name of Individual (Last, First, Middle Initi Media, Javier, , Dr.,	al) or Full O	rga	nization Name	Date of Receipt											
	Mailing Address 3601 Oakwood Lane			I	07 / D D / Y Y Y 07 2016	Y										
	City Mission	State TX		Zip Code 78573	Transaction ID : SA11AI.35142 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			50	.00										
	Name of Employer (for Individual) selfemployed	Occu phys	•	tion (for Individual) an	Contribution											
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	Primary General Other (specify)		-	350.00												
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TOTAL This Period (last page this line number only)	Γ							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)						
	y information copied from such Reports and Sta for commercial purposes, other than using the		ay not be sold or used by any p					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P							
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Α.	Full Name of Individual (Last, First, Middle Initia Media, Javier, , Dr.,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 3601 Oakwood Lane	-1		07 / D D / Y Y Y Y 2016				
	City	State	Zip Code	Transaction ID : SA11AI.35494				
	Mission	ТХ	78573	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	selfemployed		sician	contribution				
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	Other (specify) V		400.00]				
В.	Full Name of Individual (Last, First, Middle Initia Media, Javier, , Dr.,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 3601 Oakwood Lane							
				08 15 2016				
	City	State Zip Code						
	Mission	TX 78573						
	FEC ID number of contributing federal political committee.	С	50.00					
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution				
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	Primary General Other (specify) ▼		450.00]				
с.	Full Name of Individual (Last, First, Middle Initia Media, Javier, , Dr.,	al) or Full C	organization Name	Date of Receipt				
	Mailing Address 3601 Oakwood Lane			09 / D D / Y Y Y Y 09 16 2016				
	City	State	Zip Code	Transaction ID : SA11AI.36198				
	Mission	ТХ	78573	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	selfemployed		sician	contribution				
	Receipt For:	1	Year-to-Date ▼					
	Primary General Other (specify)		500.00]				
s	UBTOTAL of Receipts This Page (optional)			150.00				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17								
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay no addre	ot be sold or used by any pe ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Medina, Bertha, , , Mailing Address 1300 1 1/2 Street	al) or Full C	Organ	nization Name	Date of Receipt								
	City	State		Zip Code	Transaction ID : SA11AI.35143								
	mcallen	ТХ		78501	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed		cupati /sicia	ion (for Individual) n	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2800.00									
в.	Full Name of Individual (Last, First, Middle Initia Medina, Bertha, , ,	al) or Full C	Drgan	ization Name	Date of Receipt								
	Mailing Address 1300 1 1/2 Street	1		1	07 / D D / Y Y Y Y 15 / 2016								
	City mcallen	State TX		Zip Code 78501	Transaction ID : SA11AI.35495 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed		cupat ysicia	ion (for Individual) In	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 3200.00									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Medina, Bertha, , ,	al) or Full C	Organ	nization Name	Date of Receipt								
	Mailing Address 1300 1 1/2 Street		-		08 / D D / Y Y Y Y 08 15 2016								
	City mcallen	State TX		Zip Code 78501	Transaction ID : SA11AI.35848 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed		cupati siciar	ion (for Individual) n	Memo Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
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s	UBTOTAL of Receipts This Page (optional)			••••••	1200.00								

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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X 11a 11b 11c 12 **Detailed Summary Page** 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 Medina, Bertha, , , Α. Date of Receipt Mailing Address 1300 1 1/2 Street 2016 09 16 City Zip Code State Transaction ID : SA11AI.36199 TΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Medina, Camen Martha, , Ms, Date of Receipt Mailing Address 509 E. Yucca 07 2016 07 City State Zip Code Transaction ID : SA11AI.35144 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Medina, Camen Martha, Ms, Date of Receipt Mailing Address 509 E. Yucca MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35496 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 06/2016

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 OF 386 (check only one) Image: state stat
	y information copied from such Reports and St for commercial purposes, other than using the		ay n	ot be sold or used by any po	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P				
Α.	Full Name of Individual (Last, First, Middle Initi Medina, Camen Martha, , Ms,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 509 E. Yucca				08 / D D / Y Y Y Y 08 15 2016
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35849 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer (for Individual) self-employed		upat sicia	tion (for Individual) an	Memo Item contribution
	Receipt For:	Aggregate	Yea	ur-to-Date ▼ 510.00	
в.	Full Name of Individual (Last, First, Middle Initi Medina, Camen Martha, , Ms, Mailing Address 509 E. Yucca	al) or Full C	Drgar	nization Name	Date of Receipt
	City	State		Zip Code	09 16 2016 Transaction ID : SA11AI.36200
	McAllen FEC ID number of contributing federal political committee.	С		78504	Amount of Each Receipt this Period
	Name of Employer (for Individual) self-employed		upat vsicia	tion (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 560.00	
с.	Full Name of Individual (Last, First, Middle Initi Mego, Carlos, , Dr.,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 602 McColl Circle			1	07 07 / Y Y Y Y 07 07 2016
	City McAllen	State TX		Zip Code 78501	Transaction ID : SA11AI.35145 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			400.00
	Name of Employer (for Individual) self-employed	Occ phys	•	tion (for Individual)	Memo Item contribution
_	Receipt For: Primary General Other (specify)	1		ur-to-Date ▼ 2800.00	

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SCHEDULE A (FEC Form 3X)	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
✓ Full Name of Individual (Last, First, Mid A. Mego, Carlos, , Dr., Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State TX C	Zip Code 78501 upation (for Individual) sician Year-to-Date ▼ 3200.00	Am)7 ansa ount	of Each		20 . 3549 his Pe		
Full Name of Individual (Last, First, Mid B. Mego, Carlos, , Dr., Mailing Address 602 McColl Circle City	dle Initial) or Full C	Zip Code	М	08	Receipt		201		Ŷ
McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	phy	78501 upation (for Individual) rsician Year-to-Date ▼	Ami	Mei	mo Item	Receipt th		eriod 400.00	0
Other (specify) ▼		3600.00]						
Full Name of Individual (Last, First, Mid C. Mego, Carlos, , Dr., Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C	Zip Code 78501 upation (for Individual) sician Year-to-Date ▼ 4000.00	Am	o9 ansa ount	of Each		20 ⁴ I .3620 his Pe	01	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PA	AC		
A. Me	Name of Individual (Last, First, Middle Initia hkri, Imtiaz, , Dr., ng Address 7120 Ware Road	al) or Full C	Organization Name	Date of Receipt
City McA	llen	State TX	Zip Code 78504	07 07 2016 Transaction ID : SA11AI.35146 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		90.00
selfe	e of Employer (for Individual) mployed eipt For:	phy	upation (for Individual) sician	Contribution
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00]
	Name of Individual (Last, First, Middle Initia hkri, Imtiaz, , Dr.,	al) or Full C	Organization Name	Date of Receipt
Maili	ng Address 7120 Ware Road			07 15 / Y Y Y Y 2016
City McA	llen	State TX	Zip Code 78504	Transaction ID : SA11AI.35498 Amount of Each Receipt this Period
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	e of Employer (for Individual) mployed		upation (for Individual) vsician	Contribution
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]
C . <u>M</u> e	Name of Individual (Last, First, Middle Initia hkri, Imtiaz, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	ng Address 7120 Ware Road			08 / D D / Y Y Y Y 2016
City McA	llen	State TX	Zip Code 78504	Transaction ID : SA11AI.35851 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		90.00
selfe	e of Employer (for Individual) mployed		upation (for Individual) sician	Contribution
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 810.00]
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 OF 386 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Mehkri, Imtiaz, , Dr.,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 7120 Ware Road	State	Zip Code	09 16 2016
	McAllen	TX	78504	Transaction ID : SA11AI.36202 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]
В.	Full Name of Individual (Last, First, Middle Initia Mercado, Manuel, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 3002 Santa Susana			07 07 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35149 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed		supation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1750.00]
С.	Full Name of Individual (Last, First, Middle Initia Mercado, Manuel, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 3002 Santa Susana	Ototo	Zin Onda	07 / D D / Y Y Y Y 15 / 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35501 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00]
s	UBTOTAL of Receipts This Page (optional)			590.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Α.	Full Name of Individual (Last, First, Middle Initi Mercado, Manuel, , ,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 3002 Santa Susana				08 / D D / Y Y Y Y 08 15 2016
	City mission	State TX		Zip Code 78572	Transaction ID : SA11AI.35854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual)		cupat /sicia	ion (for Individual) In	Memo Item contribution
	Receipt For:	Aggregate	Yea	r-to-Date ▼ 2250.00	
В.	Full Name of Individual (Last, First, Middle Initi Mercado, Manuel, , ,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 3002 Santa Susana			1	09 16 / Y Y Y Y 09 16 2016
	City mission	State TX		Zip Code 78572	Transaction ID : SA11AI.36205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) selfemployed		cupat ysicia	tion (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2500.00	
С.	Full Name of Individual (Last, First, Middle Initi Meyer, Scott, , ,	al) or Full C	Drgar	nization Name	Date of Receipt
	Mailing Address 2100 School Lane				07 / 07 / 2016
	City Mission	State TX		Zip Code 78572	Transaction ID : SA11AI.35150 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			35.00
	Name of Employer (for Individual) selfemployed		•	ion (for Individual) nvestor	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 245.00	
5	UBTOTAL of Receipts This Page (optional)				535.00

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 209 OF

386

				Detailed Summary Page	×	-		11b	11c		12					
Δm	/ information copied from such Reports and S	tatemente m		not be sold or used by any n		13 for the		14	15 f soliciting		16 Intribut	17 ions				
	for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)															
	BORDER HEALTH FEDERAL F	PAC														
Α.	Full Name of Individual (Last, First, Middle Init Meyer, Scott, , ,	tial) or Full C	Drga	nization Name		Date o	f Re	eceipt								
	Mailing Address 2100 School Lane				07 / D D / Y Y Y Y 07 15 2016											
	City	State		Zip Code	Transaction ID : SA11AI.35502											
	Mission	ТХ	_	78572		Amoun	t of	Each F	Receipt th	nis F	'eriod					
	FEC ID number of contributing federal political committee.	С	_					-		_	35.0	00				
	Name of Employer (for Individual) selfemployed		•	tion (for Individual) investor	C	M		o Item								
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify) ▼		-	280.00	1											
	Full Name of Individual (Last, First, Middle Init	tial) or Full C)raa	nization Name												
B.	Meyer, Scott, , ,		луа			Date o	f Re	eceipt								
	Mailing Address 2100 School Lane					08 15 2016										
	City	State		Zip Code		Trans	act	ion ID :	SA11AI.	358	55					
	Mission	ТХ		78572	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				35.00										
:	Name of Employer (for Individual) selfemployed		•	tion (for Individual) investor	co	M		o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 315.00]											
	Full Name of Individual (Last, First, Middle Init Meyer, Scott, , ,	tial) or Full C	Drga	nization Name		Date o	f Re	eceipt								
	Mailing Address 2100 School Lane					^M 09		16			016 [°]	Y				
	City	State TX		Zip Code					: SA11AI							
	Mission			78572	'	Amoun	t of	Each F	Receipt th	າis F	'eriod					
	FEC ID number of contributing federal political committee.	С	_					y	y	_	35.0	00				
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		Memo Item										
	selfemployed	priva	ate i	nvestor	C	ontribu	tion									
	Receipt For: Primary General	ar-to-Date V														
	Other (specify)		-	350.00												
s	JBTOTAL of Receipts This Page (optional)				•		Ì	, ,			105.0	0				
т	TAL This Period (last page this line number	only)						-			1.4					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 OF 386 (check only one) 11a 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the r		ay not be sold or used by any p	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA			
A.	Full Name of Individual (Last, First, Middle Initia Milano, Emil, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 225 E. Cornell			07 07 Y Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35151
	MCAllen		78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
В.	Full Name of Individual (Last, First, Middle Initia Milano, Emil, , Dr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 225 E. Cornell			07 15 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35503 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) vate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 800.00]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Milano, Emil, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 225 E. Cornell	1		08 / D D / Y Y Y Y 08 15 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35856 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For:	1.	Year-to-Date ▼	
	Primary General Other (specify)		900.00	1
s	UBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 211 OF 386							
ITEMIZED RECEIPTS		for each category of the	(check only one)							
		Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17							
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
BORDER HEALTH FEDERAL F	PAC									
Full Name of Individual (Last, First, Middle Init A. Milano, Emil, , Dr.,	tial) or Full C	Organization Name	Date of Receipt							
Mailing Address 225 E. Cornell			09 16 / Y Y Y Y 2016							
City	State	Zip Code	Transaction ID : SA11AI.36207							
McAllen	TX	78504	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item							
selfemployed		ate investor	contribution							
Receipt For:	I •									
Primary General	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		1000.00								
		- 4 P 4 P								
Full Name of Individual (Last, First, Middle Init	tial) or Full (Prognization Name								
B. Mohamed, Carlos, N, , Jr.			Date of Receipt							
Mailing Address 2821 Michael Angelo										
			07 07 2016							
City	State	Zip Code	Transaction ID : SA11AI.35153							
Edinburg	ТХ	78539	Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	С		100.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
self-employed	phy	vsician	contribution							
Receipt For:	Aggregate	Year-to-Date V								
Primary General			1							
Other (specify)		700.00								
Full Name of Individual (Last, First, Middle Init C. Mohamed, Carlos, N, , Jr.	tial) or Full C	Organization Name	Date of Receipt							
Mailing Address 2821 Michael Angelo			07 / D D / Y Y Y Y 2016							
City	State	Zip Code	Transaction ID : SA11AI.35505							
Edinburg	TX	78539	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
self-employed		sician	contribution							
Receipt For:	1	Year-to-Date ▼	—							
Primary General	Ayyreyate									
Other (specify)		800.00	1							
SUBTOTAL of Receipts This Page (optional)			300.00							

TOTAL This Period (last page this line number only)				_			- 10	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 OF 386 (check only one) 11a 11a 11b 11c								
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements mana and a	ay not be sold or used by any p	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P											
A .	Full Name of Individual (Last, First, Middle Initia Mohamed, Carlos, N, , Jr.	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 2821 Michael Angelo			M M / D D / Y								
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35858 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]								
— B.	Full Name of Individual (Last, First, Middle Initia Mohamed, Carlos, N, , Jr.	al) or Full C	Organization Name	Date of Receipt								
υ.	Mailing Address 2821 Michael Angelo			09 16 2016								
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.36209 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer (for Individual) self-employed		cupation (for Individual) vsician	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
с.	Full Name of Individual (Last, First, Middle Initia Mohamed, Samira, T., Dr.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 324 Heron			07 07 / Y Y Y Y 07 07 2016								
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35106 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]								
s	UBTOTAL of Receipts This Page (optional)			250.00								

TOTAL This Period (last page this line number only)	L					-			-	
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Image# 201705269055155995			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 OF 386 (check only one) 11a 11a 11b 13 14
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle A. Mohamed, Samira, T., Dr.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 324 Heron			07 / D D / Y Y Y Y 2016
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
selfemployed Receipt For: Primary General	1	sician Year-to-Date ▼	contribution
Other (specify) V		400.00	
Full Name of Individual (Last, First, Middle B. Mohamed, Samira, T., Dr.,	Initial) or Full C	Drganization Name	Date of Receipt
Mailing Address 324 Heron			M / D D / Y
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35859 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) selfemployed	phy	cupation (for Individual) /sician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 450.00	
Full Name of Individual (Last, First, Middle C. Mohamed, Samira, T., Dr.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 324 Heron			09 / D D / Y Y Y Y 16 / 2016
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	

	-				 	-	-	-
SUBTOTAL of Receipts This Page (optional)	L		y		9	15	0.00	_
				1.1				-
TOTAL This Period (last page this line number only)			-		-		-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Mohan, Aparna, , Dr., Mailing Address 7808 North Cynthia	l) or Full O	Organization Name	Date of Receipt
	City McAllen	State TX	Zip Code 78504	07 07 2016 Transaction ID : SA11AI.35155 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Self employed	phy	cupation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
в.	Full Name of Individual (Last, First, Middle Initia Mohan, Aparna, , Dr.,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 7808 North Cynthia City	State	Zip Code	07 / 15 / 2016 Transaction ID : SA11AI.35507
	McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period
	Name of Employer (for Individual) Self employed		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
с.	Full Name of Individual (Last, First, Middle Initia Mohan, Aparna, , Dr.,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 7808 North Cynthia	State	Zip Code	08 / 15 / 2016 Transaction ID : SA11AI.35860
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Self employed Receipt For:	phys	sician	Contribution
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]
s	UBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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386

••			Detailed Summary Page		×	11a		11b	11c		12							
<u> </u>			<u> </u>			13		14	15		16		17					
	y information copied from such Reports and S for commercial purposes, other than using the																	
\backslash	NAME OF COMMITTEE (In Full)																	
	BORDER HEALTH FEDERAL F	PAC																
Α.	Full Name of Individual (Last, First, Middle Init Mohan, Aparna, , Dr.,	tial) or Full O	organization Name		C	ate of	Re	eceipt										
	Mailing Address 7808 North Cynthia				ľ	м м 09	1	16	/ Y	2(016	Y						
	City	State	Zip Code		2	Trans	act	tion ID :	SA11AI.	362	11							
	McAllen	ТХ	78504		A	mount	t of	Each R	eceipt th	is F	'eriod							
	FEC ID number of contributing federal political committee.	С			l					_	30.	00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item														
	Self employed		sician		со	ntribut	ion											
	Receipt For:	Aggregate	Year-to-Date V															
	Primary General	00 0		11.														
	Other (specify) v		300.00															
в.	Full Name of Individual (Last, First, Middle Init Mohme, Ruben, , Dr.,	tial) or Full O	organization Name		C	ate of	i Re	eceipt										
	Mailing Address 7309 N. 4th Street						07 07 2016											
	City	State	Zip Code	Transaction ID : SA11AI.35156														
	McAllen	ТХ	78504		A	mount	t of	Each R	eceipt th	is P	'eriod							
	FEC ID number of contributing federal political committee.	С			Į					_	100.	00						
	Name of Employer (for Individual) self-employed		upation (for Individual) sician		со	Me ntributi		o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]														
с.	Full Name of Individual (Last, First, Middle Init Mohme, Ruben, , Dr.,	tial) or Full O	organization Name		D	ate of	f Re	eceipt										
	Mailing Address 7309 N. 4th Street				ľ	^M 07	1	D D D 15	/ Y) 016	Y						
	City McAllen	State TX	Zip Code 78504		A				SA11AI. eceipt th			_						
	FEC ID number of contributing federal political committee.	С			ļ			y .	,	_	100.	00						
	Name of Employer (for Individual) self-employed	Occuphys		со	M		o Item											
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General		800.00															
	Other (specify)	L	800.00	1														
s	UBTOTAL of Receipts This Page (optional)			•	[, .			230.	00						

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Mohme, Ruben, , Dr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 7309 N. 4th Street	State	Zip Code	08 15 2016 Transaction ID : SA11AI.35861
	McAllen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employed Receipt For:	phy	upation (for Individual) /sician Year-to-Date ▼	Contribution
	Primary General Other (specify) ▼		900.00	
В.	Full Name of Individual (Last, First, Middle Initi Mohme, Ruben, , Dr.,	al) or Full C	Drganization Name	Date of Receipt
2.	Mailing Address 7309 N. 4th Street			09 16 / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36212 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) /sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1000.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Moncada, Armando, , Dr.,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1421 North 2nd Street			07 07 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35157 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employee		cupation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			600.00
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
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	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street	al) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	07 15 2016 Transaction ID : SA11AI.35509
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]
В.	Full Name of Individual (Last, First, Middle Initia Moncada, Armando, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1421 North 2nd Street	08 15 2016		
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35862 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employee		cupation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00]
<u></u> с.	Full Name of Individual (Last, First, Middle Initia Moncada, Armando, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1421 North 2nd Street			09 / D D / Y Y Y Y Y 16 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36213 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution
	Receipt For:	1	Year-to-Date V	
	Other (specify)		4000.00]
s	UBTOTAL of Receipts This Page (optional)			1200.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Montanez, Guillermo, , Dr., Mailing Address 100 S. W. Augusta Square	al) or Full C	Organization Name	Date of Receipt				
				07 07 2016				
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.35158 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Self employed	phy	upation (for Individual) rsician	Memo Item contribution				
	Primary General Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Initia Montanez, Guillermo, , Dr.,	Date of Receipt						
	Mailing Address 100 S. W. Augusta Square	07 15 2016						
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.35510 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Self employed		cupation (for Individual) vsician	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
	Full Name of Individual (Last, First, Middle Initia Montanez, Guillermo, , Dr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 100 S. W. Augusta Square	01-1-	The Oak	08 / D D / Y Y Y Y 08 15 2016				
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.35863 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00					
s	UBTOTAL of Receipts This Page (optional)		<u>~ · · · </u>	150.00				

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

FEC Schedule A (Form 3X) Rev. 06/2016

Im	age# 201705269055156001										
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 OF 386 (check only one) 11a 11a 11b 11c 12							
	y information copied from such Reports and S										
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I										
Α.	Full Name of Individual (Last, First, Middle Ini Montanez, Guillermo, , Dr.,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 100 S. W. Augusta Square			09 16 / Y Y Y Y Y 09 16							
	City	State	Zip Code	Transaction ID : SA11AI.36214							
	McAllen	TX	78503	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Self employed		sician	contribution							
	Receipt For:			-							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
В.	Full Name of Individual (Last, First, Middle Ini Morales, Carlos, , ,	tial) or Full C	organization Name	Date of Receipt							
	Mailing Address 3325 Kent Lane			07 07 2016							
	City	State	Zip Code	Transaction ID : SA11AI.35159							
	mcallen	TX	78503	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Contribution							
	Receipt For:		Year-to-Date ▼	-							
	Primary General	riggroguto									
	Other (specify) v	L	2800.00								
С.	Full Name of Individual (Last, First, Middle Ini Morales, Carlos, , ,	tial) or Full C	Organization Name	Date of Receipt							
	Mailing Address 3325 Kent Lane			M M / D D / Y Y Y Y 07 15 2016							
	City	State	Zip Code	Transaction ID : SA11AI.35511							
	mcallen	TX	78503	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item							
	selfemployed		sician	contribution							
	Receipt For:	1. ,									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3200.00								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 OF 386 (check only one) 11a 11a 11b 13 14
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Morales, Carlos, , ,	itial) or Full C	organization Name	Date of Receipt
	Mailing Address 3325 Kent Lane			M = M / D = D / Y = Y = Y Y 08 15 2016
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.35864 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00]
	Full Name of Individual (Last, First, Middle In Morales, Carlos, , ,	itial) or Full C	organization Name	Date of Receipt
	Mailing Address 3325 Kent Lane	09 16 / Y Y Y Y 2016		
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.36215 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00]
С.	Full Name of Individual (Last, First, Middle In Moreno, Leonel, , ,	itial) or Full C	organization Name	Date of Receipt
	Mailing Address 1608 Woods Drive	01-1-	7.0.0.1	07 / D D / Y Y Y Y 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35161 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed Receipt For:	phys	upation (for Individual) sician	contribution
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00]
				1050.00

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	1.1							
TOTAL This Period (last page this line number only)			 _			-		 -

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS						R LINE eck onl 11a 13			1	PAGE 1c	221 OF	- 386	
	y information copied from such Reports and S for commercial purposes, other than using the					for the		oose o	f soli	citing	contributi	ions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini Moreno, Leonel, , ,	tial) or Full C	Drga	nization Name		Date of Receipt							
	Mailing Address 1608 Woods Drive					07 15 / Y Y Y Y 2016							
	City mission	State TX		Zip Code 78572	_			on ID : Each F			5513 Period		
	FEC ID number of contributing federal political committee.	С								-yn - 1	250.0	0	
	Name of Employer (for Individual) selfemployed	Occ phy	•	tion (for Individual) an	c	M		Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2000.00	1								
В.	Full Name of Individual (Last, First, Middle Ini Moreno, Leonel, , , Mailing Address 1608 Woods Drive	tial) or Full C	Drga			Date o	f Re	ceipt 15		Ŷ	у у 2016	Ŷ	
	City mission	State TX		Zip Code 78572				on ID : Each F	-		5866 Period		
	FEC ID number of contributing federal political committee.	С				<u> </u>				-	250.0	0	
	Name of Employer (for Individual) selfemployed	Occ phy	•	tion (for Individual) an	c	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2250.00]								
с.	Full Name of Individual (Last, First, Middle Ini Moreno, Leonel, , ,	tial) or Full C	Drga	nization Name		Date o	f Re	ceipt					
	Mailing Address 1608 Woods Drive			1		^M 09	/	16		Y	y 2016	Y	
	City mission	State TX		Zip Code 78572				on ID Each F			6217 Period		
	FEC ID number of contributing federal political committee.	С				250.00							
	Name of Employer (for Individual) selfemployed	phys	sicia		c	Contribution							
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2500.00									
1											_		

SUBTOTAL of Receipts This Page (optional)	L		9	 	 9	75	0.00)
TOTAL This Period (last page this line number only)	Г							1

	CHEDULE A (FEC Form 3X)		Use separate sch		FOR LINE NUMBER: PAGE 222 OF 386 (check only one)						
IT	EMIZED RECEIPTS		for each category Detailed Summar	of the	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Moreno, LeRoy, , Mr.,	al) or Full C	Organization Name		Date of Receipt						
	Mailing Address 6908 N. 31st				09 16 2016						
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.36218 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			21.48						
	Name of Employer (for Individual) Self employed		upation (for Individua estor	al)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	219.50							
В.	Full Name of Individual (Last, First, Middle Initia Najaraj, Namitha, , Dr.,	al) or Full C	Organization Name		Date of Receipt						
	Mailing Address 2605 San Lucas	08 15 / Y Y Y Y 08 15 2016									
	City Mission	State TX	Zip Code 78572		Transaction ID : SA11AI.35868 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			25.00						
	Name of Employer (for Individual) self-employed		upation (for Individua	al)	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	225.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Najaraj, Namitha, , Dr.,	al) or Full C	Organization Name		Date of Receipt						
	Mailing Address 2605 San Lucas				09 / 16 / Y Y Y Y Y 09 16						
	City Mission	State TX	Zip Code 78572		Transaction ID : SA11AI.36219 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			25.00						
	Name of Employer (for Individual) self-employed		upation (for Individua sician	al)	Memo Item contribution						
	Receipt For: Primary General Other (specify)	250.00									
s	UBTOTAL of Receipts This Page (optional)				71.48						

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

FEC Schedule A (Form 3X) Rev. 06/2016

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 223 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any po address of any political committee	erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Nandipaty, Sivakumari, , Dr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 1509 N. Misty Lane			07 / D D / Y Y Y Y Y 07 07 2016				
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35164 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed		upation (for Individual) rsician	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00					
	Full Name of Individual (Last, First, Middle Initia Nandipaty, Sivakumari, , Dr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 1509 N. Misty Lane	07 15 / Y Y Y Y 2016						
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35517 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed		cupation (for Individual) vsician	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
	Full Name of Individual (Last, First, Middle Initia Nandipaty, Sivakumari, , Dr.,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 1509 N. Misty Lane			08 / D D / Y Y Y Y 2016				
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35869 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00					
s	JBTOTAL of Receipts This Page (optional)			150.00				

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 OF 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 1
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Α.	Full Name of Individual (Last, First, Middle Initi Nandipaty, Sivakumari, , Dr.,	al) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 1509 N. Misty Lane				09 / D D / Y Y Y Y 2016
	City	State		Zip Code	Transaction ID : SA11AI.36220
	Weslaco	TX		78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer (for Individual)	Occ	upati	ion (for Individual)	Memo Item
	self-employed	phy	/sicia	n	contribution
	Receipt For:	Aggregate	Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		7	500.00	
В.	Full Name of Individual (Last, First, Middle Initi O'Callaghan, William, , Dr.,	ization Name	Date of Receipt		
	Mailing Address 111 NE Augusta Square	07 07 2016			
	City	State		Zip Code	Transaction ID : SA11AI.35165
	McAllen	TX		78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer (for Individual) self-employed		cupat ysicia	ion (for Individual) n	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 700.00	
с.	Full Name of Individual (Last, First, Middle Initi O'Callaghan, William, , Dr.,	al) or Full C	Drgan	ization Name	Date of Receipt
	Mailing Address 111 NE Augusta Square				07 / D D / Y Y Y Y 2016
	City	State		Zip Code	Transaction ID : SA11AI.35518
	McAllen	TX		78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer (for Individual)	Occ	upati	ion (for Individual)	Memo Item
	self-employed		siciar	()	contribution
	Receipt For:	1		r-to-Date ▼	-
	Primary General	Ayyıeyale	ied		
	Other (specify)		7	800.00	
s	UBTOTAL of Receipts This Page (optional)				250.00

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

Image# 201705269055156007		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and address of any political comm	any person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle I O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	nitial) or Full Organization Name	Date of Receipt
City McAllen	StateZip CodeTX78504	08 15 2016 Transaction ID : SA11AI.35870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 900.00	Contribution
Full Name of Individual (Last, First, Middle I B. O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	nitial) or Full Organization Name	Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.36221 Amount of Each Receipt this Period 100.00
federal political committee. Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street	nitial) or Full Organization Name	Date of Receipt
City Weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.35166 Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution

700.00

100

Primary

Other (specify)

General

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

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

300.00

1.000

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 OF 386 (check only one) ************************************				
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Ochoa, Alfonso, , Dr.,	rganization Name	Date of Receipt					
	Mailing Address 1901 W. 18th Street			M M / D D / Y Y Y Y 07 15 2016				
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35519 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed Receipt For:	phys	upation (for Individual) sician Year-to-Date ▼	Memo Item contribution				
	Other (specify) ▼		800.00					
в.	Full Name of Individual (Last, First, Middle Initia Ochoa, Alfonso, , Dr.,	rganization Name	Date of Receipt					
	Mailing Address 1901 W. 18th Street			M M / D D / Y				
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35871 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00]				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Ochoa, Alfonso, , Dr.,	al) or Full O	rganization Name	Date of Receipt				
•	Mailing Address 1901 W. 18th Street			09 / D D / Y Y Y Y 09 16 2016				
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.36222 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Contribution				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00					
s	UBTOTAL of Receipts This Page (optional)			300.00				

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Ochoa, Jessica, , Ms,	al) or Full C	rganization Name	Date of Receipt									
	Mailing Address 1920 Treasure Oak Drive			08 / Y Y Y Y 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35872									
	Harlingen	ТХ	78550	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	self-employed	priv	ate investor	contribution									
	Receipt For:	Annrenate	Year-to-Date ▼										
	Primary General	riggroguto											
	Other (specify) V	L	225.00										
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name										
В.	Ochoa, Jessica, , Ms,			Date of Receipt									
	Mailing Address 1920 Treasure Oak Drive			09 / Y Y Y Y 2016									
	City	State	Zip Code	Transaction ID : SA11AI.36223									
	Harlingen	TX	78550	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Ochoa, Ricardo, , Mr.,	al) or Full C	rganization Name	Date of Receipt									
	Mailing Address 2421 N. 'J' Street			07 07 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35168									
	McAllen	TX	78501	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	self-employed		ate investor	contribution									
	Receipt For:	1.											
	Primary General	Ayyreyate	Year-to-Date ▼										
	Other (specify)		700.00	1									
s	UBTOTAL of Receipts This Page (optional)			150.00									

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(che	R LINE ck only	y on	e) 11b	1	1c	228	OF	386					
	winformation conied from each Departs and C				13		14		5	16		17					
	y information copied from such Reports and S for commercial purposes, other than using the											s					
	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL I	PAC															
Α.	Full Name of Individual (Last, First, Middle Ini Ochoa, Ricardo, , Mr.,	tial) or Full O	rganization Name	C	Date of Receipt												
	Mailing Address 2421 N. 'J' Street				07 15 2016												
	City McAllen	State TX	Zip Code 78501		Trans		on ID	: SA 1	-		d						
	FEC ID number of contributing federal political committee.	С					,		- -	100	0.00						
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	со	Me		Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]													
В.	Full Name of Individual (Last, First, Middle Ini Ochoa, Ricardo, , Mr.,	tial) or Full O	rganization Name		Date of	Red	ceipt										
	Mailing Address 2421 N. 'J' Street	04-4-		м м 08	/	D 15		Y	y y 2016	Y							
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35873 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	C		100.00													
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	co	Memo Item contribution												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_													
	Other (specify)		900.00	4													
С.	Full Name of Individual (Last, First, Middle Ini Ochoa, Ricardo, , Mr.,	tial) or Full O	rganization Name		Date of	Rec	ceipt										
	Mailing Address 2421 N. 'J' Street				^M 09	/	16		Y	2016	Y						
	City McAllen	State TX	Zip Code 78501		Trans						al						
	FEC ID number of contributing federal political committee.	С			Amount		ach i	Rece	ipt this	s Perio 100	a).00						
	Name of Employer (for Individual) self-employed		Occupation (for Individual) private investor					Memo Item contribution									
	Receipt For: Primary General		Year-to-Date ▼														
	Other (specify)		1000.00														

SUBTOTAL of Receipts This Page (optional)			Ì	9	ļ		9		00.00	
TOTAL This Pariod (last page this line number only)	Г									
TOTAL This Period (last page this line number only)		10.00		- 192			- 19 C	 	100	

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 Control of the second
Any information copied from such Reports and a or for commercial purposes, other than using the			v person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_		
Full Name of Individual (Last, First, Middle Ir A. Ogunlana, Victor, , Dr.,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 2604 Santa Teresa			07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.35169
Mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing	C		100.00

Mailing Address 2604 Santa Teresa			07 07 2016
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) self-employed	Occu docto	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middl Ogunlana, Victor, , Dr., Mailing Address 2604 Santa Teresa	e Initial) or Full Or	ganization Name	Date of Receipt
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35522 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) self-employed	Occu docte	pation (for Individual) or	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , 800.00]
Full Name of Individual (Last, First, Middl . Ogunlana, Victor, , Dr.,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2604 Santa Teresa			08 / D D / Y Y Y Y 2016
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) self-employed	Occu docto	pation (for Individual) or	Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	1

386

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	(ch	R LINE eck only	/ one		: P/		230 O	F 38			
_						13]1	4	15		16	1			
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC													
A.	Full Name of Individual (Last, First, Middle Initia Ogunlana, Victor, , Dr.,	al) or Full (Orgai	nization Name		Date of	Rec	eipt							
	Mailing Address 2604 Santa Teresa					09 16 Y Y Y Y 2016									
	City	State		Zip Code		Trans	actio	n ID :	SA11	41.36	225				
	Mission	TX		78572		Amount	of E	ach F	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	С					- 1				100.0	00			
	Name of Employer (for Individual)	Oco	cupat	tion (for Individual)	-	Me	emo	ltem							
	self-employed	doo	ctor	, , , , , , , , , , , , , , , , , , ,	c	ontribut	ion								
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼											
	Primary General	33 - 3			11.										
	Other (specify)	L	-75-	1000.00											
	Full Name of Individual (Last, First, Middle Initia	al) or Full (Orgai	nization Name											
В.	Ohabor, Chioma, , Ms,				_	Date of	Rec	eipt							
	Mailing Address 6114 N. 3rd Lane					м м 07	/	D 07			2016	Y			
	City	State		Zip Code		Trans	actio	n ID :	SA11	\I.35 ′	170				
	McAllen	TX		78504	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				<u> </u>									
	Name of Employer (for Individual) selfemployed			tion (for Individual) investor	c	Memo Item									
	Receipt For:	· ·		ar-to-Date ▼											
	Primary General	Aggregate			11										
	Other (specify) v	L	,	300.00											
C.	Full Name of Individual (Last, First, Middle Initia Ohabor, Chioma, , Ms,	al) or Full (Orgai	nization Name		Date of	Rec	eipt							
	Mailing Address 6114 N. 3rd Lane					07 ^M	/	D 15			2016	Y			
	City	State		Zip Code		Trans	actio	n ID	: SA11	AI.35	523				
	McAllen	TX		78504	_	Amount	of E	ach F	Receipt	this	Period				
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	Name of Employer (for Individual) selfemployed		•	tion (for Individual) nvestor		Me	emo ion	ltem							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 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 Ohabor, Chioma, , Ms, Α. Date of Receipt Mailing Address 6114 2016 08 15 N. 3rd Lane City State Zip Code Transaction ID : SA11AI.35875 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ohabor, Chioma, , Ms, Date of Receipt Mailing Address 6114 09 16 2016 N. 3rd Lane City State Zip Code Transaction ID : SA11AI.36226 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.35171 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 231 OF

Ima	age# 201705269055156014													
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	-		E NUMBEF ly one)	R: PAG	GE 232 OF	386					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a	11b	11c	12						
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	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
Α.	Full Name of Individual (Last, First, Middle In Olveira, Noel, , Dr.,	itial) or Full O	Organization Name		Date c	of Receipt								
	Mailing Address 9917 Bentsen Road				м 07	/ D		2016	Y					
	City	State	Zip Code		Tran	saction ID	: SA11AI	.35524						
	McAllen	ТХ	78504		Amour	nt of Each	Receipt t	his Period						
	FEC ID number of contributing federal political committee.	C					7	100.00	0					
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	N	lemo Item								
	selfemployed	phy	sician	c	ontribu	ition								
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General			- 1.										
	Other (specify) v	L	800.00											
В.	Full Name of Individual (Last, First, Middle In Olveira, Noel, , Dr.,	itial) or Full O	Organization Name		Date c	of Receipt								
	Mailing Address 9917 Bentsen Road				M M / D D / Y									
	City	State	Zip Code		Trans	saction ID	: SA11AI	.35876	_					
	McAllen	TX	78504		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	N	lemo Item								
	selfemployed		vsician	C	contribution									
	Receipt For:	Angregate	Year-to-Date ▼											
	Primary General	, iggi oguto		- 1										
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с.	Full Name of Individual (Last, First, Middle In Olveira, Noel, , Dr.,	itial) or Full O	Organization Name		Date c	of Receipt								
	Mailing Address 9917 Bentsen Road				M N 09	/ D		2016	Ŷ					
	City	State	Zip Code		Tran	saction ID	: SA11A	.36227						
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	Name of Employer (for Individual)		upation (for Individual)	_										
	selfemployed	1. 2	sician	C	ontribu	10011								
	Receipt For: Primary General	Aggregate	Year-to-Date V											
	Other (specify)		1000.00	1										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 233 OF

17			(C	heck or	ly o	ne)								
	EMIZED RECEIPTS			ach category of the iled Summary Page		X 11a		11b	11c		12 16	17		
	y information copied from such Reports and s for commercial purposes, other than using th					n for the		pose of	solicitin	g con	ntributio	ons		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
Α.	Full Name of Individual (Last, First, Middle Ir Orfanos, Athanaji, , Dr.,	nitial) or Full C	rganizat	ion Name		Date of	of Re	eceipt						
	Mailing Address 3013 Lakeshore Drive	State	Zin	Code		07 07 2016 Transaction ID : SA11AI.35172								
	Edinburg	TX		8539					Receipt th					
	FEC ID number of contributing federal political committee.	C									100.00	0		
	Name of Employer (for Individual)	Occ	upation	(for Individual)		Ν	/lem	o Item						
	selfemployed Receipt For:	· · ·	ate inve			contribu	ution							
	Primary General	Aggregate	Year-to-	Date V	. 1.									
	Other (specify)			700.00										
	Full Name of Individual (Last, First, Middle Ir Orfanos, Athanaji, , Dr.,	nitial) or Full C	rganizat	ion Name		Date of	of Re	eceipt						
	Mailing Address 3013 Lakeshore Drive			M 07	/	15	D / Y	20	16 16					
	City Edinburg	State TX		Code 3539	+				SA11AL					
	¥		10	5559		Amour	nt of	Each F	Receipt tl	his Pe	əriod	_		
	FEC ID number of contributing federal political committee.	С				Ŀ.		- J			100.00	0		
	Name of Employer (for Individual) selfemployed		upation ate inve	(for Individual) stor		Contribu		o Item						
	Receipt For: Primary General	Aggregate	Year-to-	Date V										
	Other (specify) ▼		, .	800.00										
С.	Full Name of Individual (Last, First, Middle Ir Orfanos, Athanaji, , Dr.,	nitial) or Full C	organizat	ion Name		Date of	of Re	eceipt						
	Mailing Address 3013 Lakeshore Drive					M 08	л /	15		20	ү 16	Ý		
	City Edinburg	State TX	· · ·	Code 3539					: SA11AI Receipt tl					
	FEC ID number of contributing federal political committee.	С				Ē		y :			100.00	0		
	Name of Employer (for Individual) selfemployed		upation ate inves	(for Individual) tor		Contribu		o Item						
	Receipt For: Primary General	Aggregate Year-to-Date ▼												
	Other (specify)			900.00										

SUBTOTAL of Receipts This Page (optional)				y	 	9	 30	0.00	_
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 OF 386 (check only one) ************************************
	y information copied from such Reports and Sta for commercial purposes, other than using the n			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P/	٩C		
Α.	Full Name of Individual (Last, First, Middle Initia Orfanos, Athanaji, , Dr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3013 Lakeshore Drive	1-		09 / D D / Y Y Y Y 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36228
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) vate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.		l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5416 N. Cynthia	-		07 07 / Y Y Y Y 07 07 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35173 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) ysician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 350.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Orfanos, John, , Dr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 5416 N. Cynthia			07 / D D / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35526 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed		cupation (for Individual) rsician	Memo Item contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		400.00	
s	UBTOTAL of Receipts This Page (optional)			200.00

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TOTAL This Period (last page this line number only)	L	 	-	_	 -	 	- 10	

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 235 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle Ir Orfanos, John, , Dr., Mailing Address 5416 N. Cynthia	nitial) or Full O	rganization Name	Date of Receipt
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35878 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) self-employed		ipation (for Individual) sician	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
В.	Full Name of Individual (Last, First, Middle Ir Orfanos, John, , Dr.,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 5416 N. Cynthia			09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36229
	McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
с.	Full Name of Individual (Last, First, Middle Ir Ortiz, Juan, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4501 N. Cynthia			M M / D D / Y Y Y Y 07 07 2016
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35175 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed	Occu phys	ipation (for Individual) ician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00]
s	UBTOTAL of Receipts This Page (optional))	150.00

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 OF 386 (check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check only one) Image: Check only one (Check one) Image: Check only one (Check only one) Image: Check one) Image: Check one (Check one) Image: Check one)
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Ortiz, Juan, , ,	tial) or Full O	Organization Name	Date of Receipt
	Mailing Address 4501 N. Cynthia			07 15 / Y Y Y Y 2016
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35528 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
В.	Full Name of Individual (Last, First, Middle Init Ortiz, Juan, , , Mailing Address 4504 N. Custhia	tial) or Full O	Organization Name	Date of Receipt
	Mailing Address 4501 N. Cynthia	Chata	Zie Oede	08 / D D / Y Y Y Y 2016
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35880 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
с.	Full Name of Individual (Last, First, Middle Init Ortiz, Juan, , ,	tial) or Full O	Organization Name	Date of Receipt
	Mailing Address 4501 N. Cynthia	Chata	Zin Onda	09 / D D / Y Y Y 16 2016
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.36231 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)				9	_	9		0.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 OF C (check only one) Image: Check only one (Check only one) Image: Check only one)
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C		
Full Name of Individual (Last, First, Middle Initial) A. Osio, Armando, , ,	or Full Orga	nization Name	Date of Receipt
Mailing Address 600 Tulip			07 07 / Y Y Y Y Y 07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.35176

Mailing Address 600 Tulip			07 07 V Y Y Y Y 07 07 2016
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	
Full Name of Individual (Last, First, Midd Osio, Armando, , , Mailing Address 600 Tulip	le Initial) or Full Or	ganization Name	Date of Receipt
City	State	Zip Code	07 15 2016
mcallen	TX	78504	Transaction ID : SA11AI.35529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) selfemployed		pation (for Individual) iician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2000.00	
Full Name of Individual (Last, First, Midd Osio, Armando, , ,	le Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 600 Tulip			08 15 / Y Y Y Y 08 15
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35881 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) selfemployed	Occu physi	pation (for Individual) cian	Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 OF Control Contron Control Control Control Contron Control Control			
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I A. Osio, Armando, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Osio, Armando, , ,					
Mailing Address 600 Tulip			09 / 16 / Y Y Y Y 09 16			
City	State	Zip Code	Transaction ID : SA11AI.36232			
mcallen	ТХ	78504	Amount of Each Receipt this Period			
FEC ID number of contributing						

federal political committee.	C		250.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	physici		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye		
Full Name of Individual (Last, First, Middle 3. Osorio-Castillo, Carmen, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 1601 Sebastian Drive			07 07 V Y Y Y Y 07 07 07 2016
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employee		ation (for Individual) investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle . Osorio-Castillo, Carmen, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1601 Sebastian Drive			07 15 2016
City	State	Zip Code	Transaction ID : SA11AI.35530
Mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) self-employee	-	ation (for Individual) investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			350.00
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		Use separate schedule(s)			(check only one)								
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page				X 11a 13		11b 14	11c		12 16		17
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose of	f solicit		ontribut	ions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P												
Α.	Full Name of Individual (Last, First, Middle Initi Osorio-Castillo, Carmen, , ,	al) or Full O	rgar	nization Name		Date of	Re	eceipt					
	Mailing Address 1601 Sebastian Drive		08 15 2016										
	City Mission	StateZip CodeTX78572						i on ID : Each F					
	FEC ID number of contributing federal political committee.	С						-	7		50.0	00	
	Name of Employer (for Individual) self-employee		•	ion (for Individual) nvestor		Contribut		o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 450.00									
—	Full Name of Individual (Last, First, Middle Initi Osorio-Castillo, Carmen, , ,	al) or Full O	rgar	nization Name		Date of	Re	eceipt					
	Mailing Address 1601 Sebastian Drive						09 / D D / Y Y Y Y Y 09 16 2016						
	City Mission	State TX		Zip Code 78572		Trans Amount		i on ID : Each F	-				
	FEC ID number of contributing federal political committee.	С		50.00					00]			
	Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor					emo ion	o Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼ 500.00		_							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Otero, Fernando, , ,	al) or Full O	rgar	nization Name		Date of	Re	eceipt					
	Mailing Address 121 E. Quamasia #148					07 ^M	1	07			016	Y	
	City mcallen	State TX		Zip Code 78501		Trans Amount		t ion ID : Each F					
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	. ,	_	400.0	00]
	Name of Employer (for Individual) selfemployed	Occu phys	•	ion (for Individual) n		M contribut		o Item					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2650.00											
s	UBTOTAL of Receipts This Page (optional)			•				9	,	_	500.0	0]

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usin				or the		pose of	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name of Individual (Last, First, Mide A. Otero, Fernando, , , Mailing Address 121 E. Quamasia #148 City mcallen	dle Initial) or Full O State TX	rganization Name Zip Code 78501			/ act	15 ion ID :	; : SA11AI	2016 .35531 his Period	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	phys	ipation (for Individual) iician Year-to-Date ▼ 3050.00	[cor	M) Item	<u> </u>	400	0.00
Full Name of Individual (Last, First, Mide B. Otero, Fernando, , , Mailing Address 121 E. Quamasia #148 City mcallen	dle Initial) or Full O	Zip Code 78501			/ acti	15 ion ID :	SA11AL	2016 .35883 his Period	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For:	phys	upation (for Individual) sician Year-to-Date ▼ 3450.00			emc	o Item		400	_
Full Name of Individual (Last, First, Midd Otero, Fernando, , , Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C Occu phys	Zip Code 78501		mount	f of	16 ion ID	3 : SA11AI	2016 I .36234 his Perior 400	d
SUBTOTAL of Receipts This Page (option	' nal)					, .	9	1200	.00

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

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386

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page			×	-		-	1b		11c		12	
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or	for commercial purposes, other than using the r	name and a	ay r addr	ess of any political committee	to s	so	licit co	ntrik	but	ions	fro	onclunq m suc	h cc	mmit	
\setminus	NAME OF COMMITTEE (In Full)														
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Α.	Full Name of Individual (Last, First, Middle Initia Owen, Kip, , ,	al) or Full O	Orga	nization Name		ſ	Date o	f Re	206	eint					
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	City mcallen	State TX		Zip Code 78572	-							A11AI			
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	federal political committee.	C							,		_	-y		100.	00
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	selfemployed	phys	sicia	an		С	ontribu	tion							
	Receipt For:	Aggregate	Yea	ar-to-Date V											
	Other (specify) ▼		7	700.00											
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В.	Owen, Kip, , ,					[Date o		ece	•					
	Mailing Address 2305 Red River								07 15 2016						
	City	State		Zip Code 78572		Transaction ID : SA11AI.35532									
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	FEC ID number of contributing federal political committee.								,			- 9-		100.	00
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician						emo tion	o l'	tem					
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Other (specify) ▼		,	800.00											
— c.	Full Name of Individual (Last, First, Middle Initia Owen, Kip, , ,	al) or Full O	Drga	nization Name		[Date o	f Re	ece	eipt					
~ -	Mailing Address 2305 Red River					08 15 2016									
	City	State		Zip Code		_						A11AI			
	mcallen	TX		78572	\neg	A	Amoun	t of	Ea	ach I	Re	ceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С							,			y		100.	00
	Name of Employer (for Individual)	Осси	upa	tion (for Individual)				lemo		tem					
	selfemployed Receipt For:	phys				С	ontribu	tion							
	Primary General	Aggregate	Yea	ar-to-Date 🔻											
	Other (specify)		-	900.00											
s	UBTOTAL of Receipts This Page (optional)			•••••					,			y		300.	00
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 14 13 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 Owen, Kip, , , Date of Receipt Α. Mailing Address 2305 Red River M M 1 2016 09 16 City Zip Code State Transaction ID : SA11AI.36235 TΧ mcallen 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Padilla, Juan, , Dr., Date of Receipt Mailing Address p.o. box 3702 08 15 2016 City State Zip Code Transaction ID : SA11AI.35885 ТΧ McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Padilla, Juan, , Dr., Date of Receipt Mailing Address p.o. box 3702 MM 09 16 2016 City State Zip Code Transaction ID : SA11AI.36236 ТΧ McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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

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Image# 201705269055156025

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Palacios, Esteban, , Mr., Jr. Mailing Address P.O. Box 3669	tial) or Full Oi	rganization Name	Date of Receipt
	- 			07 07 2016
	City Edinburg	State TX	Zip Code 78540	Transaction ID : SA11AI.35181 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	selfemployed Receipt For:		ate investor	contribution
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
в.	Full Name of Individual (Last, First, Middle Init Palacios, Esteban, , Mr., Jr. Mailing Address P.O. Box 3669	tial) or Full O	rganization Name	Date of Receipt
			07 15 2016	
	City	State TX	Zip Code 78540	Transaction ID : SA11AI.35534
	Edinburg FEC ID number of contributing federal political committee.	C	10040	Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
c.	Full Name of Individual (Last, First, Middle Init Palacios, Esteban, , Mr., Jr.	tial) or Full Or	rganization Name	Date of Receipt
	Mailing Address P.O. Box 3669			08 / D D / Y Y Y Y Y Y 08 15 2016
	City Edinburg	State TX	Zip Code 78540	Transaction ID : SA11AI.35886 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) Ite investor	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	150.00

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FEC Schedule A (Form 3X) Rev. 06/2016

Image# 201705269055156026

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 OF 386 (check only one) 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	e name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
A .	Full Name of Individual (Last, First, Middle In Palacios, Esteban, , Mr., Jr. Mailing Address P.O. Box 3669 City Edinburg	itial) or Full O State TX	Zip Code 78540	Date of Receipt 09 16 2016 Transaction ID : SA11AI.36237 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For:	priva	upation (for Individual) ate investor Year-to-Date ▼ 500.00	Memo Item contribution
в.	Full Name of Individual (Last, First, Middle In Palimar, Prakash, , , Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee.	State TX	rganization Name Zip Code 78504	Date of Receipt
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 1750.00	Memo Item contribution
С.	Full Name of Individual (Last, First, Middle In Palimar, Prakash, , , Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	rganization Name Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 2000.00	Date of Receipt

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Palimar, Prakash, , , Mailing Address 121 Canary	itial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.35887
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	selfemployed	phys	sician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00]
В.	Full Name of Individual (Last, First, Middle In Palimar, Prakash, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 121 Canary	09 16 2016		
	City	State	Zip Code	Transaction ID : SA11AI.36238
	mcallen	TX	78504	Amount of Each Receipt this Period
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]
с.	Full Name of Individual (Last, First, Middle In Pathak, Umesh, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2004 Alexander Drive			07 07 / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35183
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	selfemployed	phys	ician	contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00]
s	UBTOTAL of Receipts This Page (optional)			600.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBE (check only one) X 11a 11b 13 14	R: PAGE 246 OF 386
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC				
Α.	Full Name of Individual (Last, First, Middle Initia Pathak, Umesh, , ,	al) or Full C	Orgai	nization Name	Date of Receipt	
	Mailing Address 2004 Alexander Drive					15 / Y Y Y Y 2016
	City weslaco	State TX		Zip Code 78596		D : SA11AI.35536
	FEC ID number of contributing federal political committee.	С				100.00
	Name of Employer (for Individual) selfemployed		upat	ion (for Individual) n	Memo Item contribution	1
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 800.00		
В.	Full Name of Individual (Last, First, Middle Initia Pathak, Umesh, , ,	al) or Full C	Orgai	nization Name	Date of Receipt	
	Mailing Address 2004 Alexander Drive				 	15 2016
	City weslaco	State TX		Zip Code 78596		D : SA11AI.35888 n Receipt this Period
	FEC ID number of contributing federal political committee.	С				100.00
	Name of Employer (for Individual) selfemployed		upa vsicia	tion (for Individual) an	Memo Item contribution	١
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 900.00		
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Pathak, Umesh, , ,	al) or Full C	Orgai	nization Name	Date of Receipt	
	Mailing Address 2004 Alexander Drive				09	16 / Y Y Y Y 2016
	City weslaco	State TX		Zip Code 78596		D : SA11AI.36239
	FEC ID number of contributing federal political committee.	С				100.00
	Name of Employer (for Individual) selfemployed	Occ phys	•	ion (for Individual) n	Memo Iten contribution	1
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1000.00		
s	UBTOTAL of Receipts This Page (optional)			••••••	, .	300.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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••			Detailed Summary Page	×	11a		11b	11c		12	
_					13		14	15		16	17
	ny information copied from such Reports and for commercial purposes, other than using t										
\setminus	NAME OF COMMITTEE (In Full)										
	BORDER HEALTH FEDERAL	. PAC									
Α.	Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Initial) or Full C	organization Name		Date of	Re	ceipt				
	Mailing Address 700				M M	/	D D) / Ү		Y	Y
	Brazos				07		07		20	016	
	City	State TX	Zip Code		Trans	acti	ion ID :	SA11AI.	351	84	
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	FEC ID number of contributing federal political committee.	С					-		_	100.0	
	Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	ltem				
	Self employed	phy	sician	cc	ontribut	ion					
	Receipt For:	Agareaate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify) v		700.00								
в.	Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Initial) or Full C	organization Name	[Date of	Re	eceipt				
	Mailing Address 700 Brazos) 16	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AL3	355:	37	
	Mission	TX	78572	/	Amount	tof	Each R	Receipt thi	is F	'eriod	
	FEC ID number of contributing federal political committee.	С								100.0	00
	Name of Employer (for Individual) Self employed		upation (for Individual) rsician	cc	Me		tem				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) v		800.00	1							
<u> </u>	Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Initial) or Full C	Prganization Name		Date of	Re	eceipt				
	Mailing Address 700 Brazos				м м 08	/	D D 15) / Y) 216	Y
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 11c 12 **Detailed Summary Page** 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 Pean, Harold, J., Dr., Α. Date of Receipt Mailing Address 700 1 2016 09 16 Brazos City State Zip Code Transaction ID : SA11AI.36240 TΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 07 2016 07 City State Zip Code Transaction ID : SA11AI.35185 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35538 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3050.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																
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Α.	Full Name of Individual (Last, First, Middle Initia Pechero, Guillermo, , Dr.,	l) or Full (Orga	nization Name		Dat	te of	Re	ceipt								
Λ.	Mailing Address 2312 La Condesa				08 15 2016												
	City	State		Zip Code	_		08	١.	15		1.00	1.00					
	Edinburg	TX		78539						SA11AI.							
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	federal political committee.	С	_			4	-	-	7	-	_	400.0	00				
	Name of Employer (for Individual)			tion (for Individual)			M	emo	Item								
	self-employed Receipt For:		ysicia		(cont	ribut	ion									
	Primary General	Aggregate	e Yea	ar-to-Date V													
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в.	Full Name of Individual (Last, First, Middle Initia Pechero, Guillermo, , Dr.,	l) or Full (Orga	nization Name		Dat	te of	Re	ceipt								
	Mailing Address 2312 La Condesa					M	M	/	D D	/ Y	Y	Y	Y				
				7.0.1	_	L	09	L.	16		20	016					
	City Edinburg	State TX		Zip Code 78539						SA11AL							
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	federal political committee.	С		400.00													
	Name of Employer (for Individual)	Oco	cupa	tion (for Individual)	_	Г	M	emc	Item								
	self-employed		nysicia		c	cont	ribut	ion									
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	Primary General Other (specify) ▼	- · · ·		3850.00													
			7														
С	Full Name of Individual (Last, First, Middle Initia Pena, Alberto, , Dr.,	l) or Full (Orga	nization Name		Dat	te of	Be	ceipt								
•.	Mailing Address 3716 Tigris					M	M	/	D D	/ Y		Y	Y				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 250 OF 386 (check only one)
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	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Pena, Alberto, , Dr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3716 Tigris			07 / D D / Y Y Y Y 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.35539
	Edinburg		78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employed	doc		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		100.00	
	Other (specify) v	L	400.00	
в.	Full Name of Individual (Last, First, Middle In Pena, Alberto, , Dr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3716 Tigris			08 / D D / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35891
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employed	doc	tor	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	
	Other (specify) v		450.00	
C.	Full Name of Individual (Last, First, Middle In Pena, Alberto, , Dr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3716 Tigris			09 16 YYYYY 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36242
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
	self-employed	doct		contribution
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	Primary General	, iggi ogale		
	Other (specify)		500.00	

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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)					y or	ne)	L							
11				ach category of the ed Summary Page		× 11a 13		11b 14	11c		2	17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements main and a	I ay not be Iddress c	e sold or used by any pe f any political committee	erson to s	for the	purp ntrib	oose of	soliciting	g cont	ributio	ons				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC														
A.	Full Name of Individual (Last, First, Middle Ini Pena, Jose, , ,	tial) or Full C	Irganizati	on Name		Date of	f Re	ceipt								
	Mailing Address 100 Bluebird				07 / D D / Y Y Y Y 07 2016											
	City mcallen	State TX		Code 3504	Transaction ID : SA11AI.35187 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						4	400.00)						
	Name of Employer (for Individual) selfemployed		upation (sician	for Individual)		M contribut		Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 2800.00												
в.	Full Name of Individual (Last, First, Middle Ini Pena, Jose, , ,	tial) or Full C	organizati	on Name		Date of	f Re	ceipt								
	Mailing Address 100 Bluebird	Otata		07	/	D 15	/ Y	201								
	City mcallen	State TX		Code 504					SA11AI. leceipt th							
	FEC ID number of contributing federal political committee.	С									400.00)				
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician					emo ion	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I	Date ▼ 3200.00												
с.	Full Name of Individual (Last, First, Middle Ini Pena, Jose, , ,	tial) or Full C	Irganizati	on Name		Date of	f Re	ceipt								
	Mailing Address 100 Bluebird					08 M	/	D 15) / Y	201						
	City mcallen	State TX		Code 504					SA11AI							
	FEC ID number of contributing federal political committee.	С				Ľ.		y .	, ,	2	400.00)				
	Name of Employer (for Individual) selfemployed		upation (sician	for Individual)		M contribut		ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-I	Date ▼ 3600.00												
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>	_		,	,	12	200.00					

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC		
<u>А</u> .	Full Name of Individual (Last, First, Middle Ini Pena, Jose, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 100 Bluebird			M M / D D / Y Y Y Y 09 16 2016
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.36243 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00]
в.	Full Name of Individual (Last, First, Middle Ini Pena, Juan, , , Mailing Address 905 S. Huisache Court	tial) or Full O	rganization Name	Date of Receipt
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.35188 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]
с.	Full Name of Individual (Last, First, Middle Ini Pena, Juan, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 905 S. Huisache Court			07 / D D / Y Y Y Y 2016
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.35541 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3200.00]
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SUBTOTAL of Receipts This Page (optional)						14	200.0	0
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CHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 OF (check only one) 11a 11b 11c 12 13 14 15 16 16					
	g the name and a		person for the purpose of soliciting contributions to solicit contributions from such committee.					
Full Name of Individual (Last, First, Middl Pena, Juan, , , Mailing Address 905 S. Huisache Court	e Initial) or Full O	rganization Name	Date of Receipt					
City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.35893 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		400.00					
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00]					
Full Name of Individual (Last, First, Middl Pena, Juan, , , Mailing Address 905 S. Huisache Court	e Initial) or Full O	rganization Name	Date of Receipt					
City pharr	State TX	Zip Code 78577	09 16 2016 Transaction ID : SA11AI.36244 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		400.00					
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00	1					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pena, Raul, , Dr.,

Mailing Address 3500 San Clemente			07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.35189
Mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employed	physicia	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Yes	ar-to-Date ▼ 875.00	
SUBTOTAL of Receipts This Page (optional).		•	925.00
TOTAL This Period (last page this line number			

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Date of Receipt

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P/	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Pena, Raul, , Dr.,	l) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 3500 San Clemente			07 / D D / Y Y Y Y 07 15 2016							
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35542 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer (for Individual)		cupation (for Individual) /sician	Contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
B	Full Name of Individual (Last, First, Middle Initia Pena, Raul, , Dr.,	l) or Full C	Drganization Name	Date of Receipt							
υ.	Mailing Address 3500 San Clemente	08 15 2016									
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35894 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer (for Individual) self-employed		cupation (for Individual) ysician	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00]							
с.	Full Name of Individual (Last, First, Middle Initia Pena, Raul, , Dr.,	l) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 3500 San Clemente	State	Zip Code	09 16 2016 Transaction ID : SA11AI.36245							
	Mission	TX	78572	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer (for Individual) self-employed		cupation (for Individual) sician	Memo Item contribution							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00]							
s	UBTOTAL of Receipts This Page (optional)			375.00							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 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 Penalo, Pedro, , Dr., Date of Receipt Α. Mailing Address 906 S. Bridge 2016 07 07 City Zip Code State Transaction ID : SA11AI.35190 TΧ Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Penalo, Pedro, , Dr., Date of Receipt Mailing Address 906 S. Bridge 07 15 2016 City State Zip Code Transaction ID : SA11AI.35543 ТΧ Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Penalo, Pedro, , Dr., Date of Receipt Mailing Address 906 S. Bridge MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35895 ТΧ Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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

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PAGE 255 OF

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 256 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C									
Α.	Full Name of Individual (Last, First, Middle Initia Penalo, Pedro, , Dr.,	l) or Full C	organization Nar	ne	Date of Receipt						
	Mailing Address 906 S. Bridge	Chata	Zin Onde		09 / D D / Y Y Y Y 16 2016						
	City Weslaco	State TX	Zip Code 78596		Transaction ID : SA11AI.36246						
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period						
	Name of Employer (for Individual) Self employed Receipt For:		upation (for Ind sician	ividual)	Memo Item contribution						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2000.00]						
	Full Name of Individual (Last, First, Middle Initia Pereira, Nicholas, , Dr.,	l) or Full C	organization Nar	ne	Date of Receipt						
	Mailing Address 7005 North Cynthia	07 07 2016									
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.35191 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			100.00						
	Name of Employer (for Individual) self-employee		upation (for Ind	lividual)	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	700.00							
	Full Name of Individual (Last, First, Middle Initia Pereira, Nicholas, , Dr.,	l) or Full C	rganization Nar	ne	Date of Receipt						
	Mailing Address 7005 North Cynthia				07 15 2016						
	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.35544						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						
	Name of Employer (for Individual) self-employee		upation (for Ind sician	ividual)	Memo Item contribution						
	Pagaint For:	1	Year-to-Date V	,							
	Primary General Other (specify)			800.00]						
s	JBTOTAL of Receipts This Page (optional)				400.00						

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TOTAL This Period (last page this line number only)		 	 		 -	n

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17						
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements mana and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Pereira, Nicholas, , Dr.,	ll) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 7005 North Cynthia			08 / D D / Y Y Y Y 2016						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35896 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee		upation (for Individual) rsician	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00							
— R	Full Name of Individual (Last, First, Middle Initia Pereira, Nicholas, , Dr.,	ll) or Full C	Organization Name	Date of Receipt						
	Mailing Address 7005 North Cynthia	09 16 2016								
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AL36247 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee		cupation (for Individual) /sician	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
с.	Full Name of Individual (Last, First, Middle Initia Perez, Ernie, , ,	ll) or Full C	Drganization Name	Date of Receipt						
	Mailing Address P.O. Box 5360			09 / D D / Y Y Y Y 09 16 2016						
	City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.36248 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		15.00						
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 205.00							
s	UBTOTAL of Receipts This Page (optional)		•	215.00						

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258 OF 386 (check only one) 11a 11a 11b 13 14
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and a		person for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle A. Perez, Florencia, , Dr., Mailing Address 4600 Victoria	Initial) or Full C	Organization Name	Date of Receipt
City McAllen	State TX	Zip Code 78503	07 07 2016 Transaction ID : SA11AI.35193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed Receipt For:	priv	upation (for Individual) ate investor Year-to-Date ▼ 700.00	Contribution
Full Name of Individual (Last, First, Middle B. Perez, Florencia, , Dr., Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	State TX C	Zip Code 78503	Date of Receipt
Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle		Year-to-Date ▼ 800.00]
C. Perez, Florencia, , Dr., Mailing Address 4600 Victoria	,		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78503	Transaction ID : SA11AI.35898 Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	priva	upation (for Individual) ate investor Year-to-Date ▼ 900.00	contribution

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Perez, Florencia, , Dr., Date of Receipt Α. Mailing Address 4600 Victoria 2016 09 16 City Zip Code State Transaction ID : SA11AI.36249 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez, Francisco, , Dr., Date of Receipt Mailing Address 4726 S. Jackson 07 2016 07 City State Zip Code Transaction ID : SA11AI.35194 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Perez, Francisco, , Dr., Date of Receipt Mailing Address 4726 S. Jackson MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35547 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 OF 386 (check only one) Image: Check only one (Check only one) Image: Image: Image: Check only one (Check only one) Image: Check only one (Check only one (Check only one)) Image: Image: Image: Image: Check only one (Check only one) Image: Image: Check only one (Check only one) Image: Image: Image: Image: Image: Image: Check only one (Check only one) Image: Image
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Perez, Francisco, , Dr.,	tial) or Full O	Organization Name	Date of Receipt
	Mailing Address 4726 S. Jackson			M M / D D / Y Y Y Y 08 15 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35899 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
в.	Full Name of Individual (Last, First, Middle Init Perez, Francisco, , Dr., Mailing Address 4726 S. Jackson	tial) or Full O	Organization Name	Date of Receipt
	City	State	Zip Code	09 16 2016
	Edinburg	TX	78539	Transaction ID : SA11AI.36250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employee		upation (for Individual) rsician	Memo Item
	Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼		500.00	
C.	Full Name of Individual (Last, First, Middle Ini Perez, Guillermo, , Dr.,	tial) or Full O	organization Name	Date of Receipt
	Mailing Address 7333 <u>N. 4th Street</u> City	State	Zip Code	07 / 07 / 2016 Transaction ID : SA11AI.35195
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	L	 	7	 	7	 50	0.00)
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TOTAL This Period (last page this line number only)	L	 		 	-	 	-	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 OF PAGE 261 OF
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER Full Name of Individual (Last, First, Mido A. Perez, Guillermo, , Dr.,	_	rganization Name	Date of Receipt
Mailing Address 7333			M M / D D / Y Y Y Y Y
N. 4th Street	State	Zin Codo	07 15 2016
City McAllen	TX	Zip Code 78504	Transaction ID : SA11AI.35548 Amount of Each Receipt this Period
FEC ID number of contributing	С		400.00

A. Pe	erez, Guillermo, , Dr.,	,		Date of Receipt
	iling Address 7333 N. 4th Street		1	07 / D D / Y Y Y Y 2016
City		State	Zip Code	Transaction ID : SA11AI.35548
Mc	cAllen	TX	78504	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		400.00
Nar	me of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Sel	lf employed	physic	cian	contribution
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2800.00	
B . <u>P</u> e	I Name of Individual (Last, First, Middle Init erez, Guillermo, , Dr., iling Address 7333	ial) or Full Org	anization Name	Date of Receipt
ivia	N. 4th Street			08 15 2016
City		State	Zip Code	Transaction ID : SA11AI.35900
Mc	: Allen	ТХ	Amount of Each Receipt this Period	
	C ID number of contributing eral political committee.	С	400.00	
	me of Employer (for Individual) f employed	Occup physic	ation (for Individual) cian	Memo Item contribution
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200.00	
	I Name of Individual (Last, First, Middle Init erez, Guillermo, , Dr.,	ial) or Full Org	anization Name	Date of Receipt
	iling Address 7333 N. 4th Street			09 / D D / Y Y Y Y 2016
City		State	Zip Code	Transaction ID : SA11AI.36251
Mc	cAllen	TX	78504	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С	400.00	
Sel	me of Employer (for Individual) If employed	Occup physic	ation (for Individual) ian	Memo Item contribution
Rec	ceipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 3600.00	

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SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 OF 386 (check only one) ************************************
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC		
Full Name of Individual (Last, First, Mi Perez-Young, Irene, , Dr.,	ddle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 109 N. Nueces Park L	ane		07 07 2016
City Harlingen	State TX	Zip Code 78552	Transaction ID : SA11AI.35196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
B. Full Name of Individual (Last, First, Mi Perez-Young, Irene, , Dr., Mailing Address 109 N. Nueces Park La		Organization Name	Date of Receipt
City Harlingen	State TX	Zip Code 78552	Transaction ID : SA11AI.35549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employee		upation (for Individual) vsician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
Full Name of Individual (Last, First, Mi Perez-Young, Irene, , Dr.,	ddle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 109 N. Nueces Park L			M M / D D / Y Y Y Y 08 15 2016
City Harlingen	State TX	Zip Code 78552	Transaction ID : SA11AI.35901 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
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	Mailing Address 109 N. Nueces Park Lane			09 / D D / Y Y Y Y Y 09 16 2016								
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			10352	Amount of Each Receipt this Period								
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В.	Full Name of Individual (Last, First, Middle Initia Pierson, Claudia, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 6912 N. Peking			07 07 2016								
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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X 11a 11b 14 13 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 Pina, Francisco, , Mr., Date of Receipt Α. Mailing Address 129 E. Jones M M 1 2016 09 16 City Zip Code State Transaction ID : SA11AI.36254 TΧ Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pope, Bill, , Dr., Date of Receipt Mailing Address 5600 North 5th Street 07 2016 07 City State Zip Code Transaction ID : SA11AI.35199 ТΧ McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Pope, Bill, , Dr., Date of Receipt Mailing Address 5600 North 5th Street MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35552 ТΧ McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) 825.00 SUBTOTAL of Receipts This Page (optional).....

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	Mailing Address 5128 North 10th Street			08 / D D / Y Y Y Y 2016									
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	Mailing Address 7516 N. 3rd				07 07 2016
	City McAllen	State TX		Zip Code 78504	Transaction ID : SA11AI.35202 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
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	Name of Employer (for Individual) selfemployed		upation (for Individual) rate investor		N contribu										
	Receipt For: Primary General	Aggregate	Year-to-Date V												
	Other (specify)	L	250.00												
с.	Full Name of Individual (Last, First, Middle In Quach, Tin, , Dr.,	itial) or Full O	organization Name		Date o	of Re	ceipt								
	Mailing Address 100 E. Zenaida				M 07	/	D 07		Y	2016	Y				
	City McAllen	State TX	Zip Code 78504					: SA11 Receipt		5204 s Period	d				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,		25	.85				
	Name of Employer (for Individual) Self employed		upation (for Individual) sician		N contribu		Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 271.53												

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 271 OF (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
	L PAC		
Full Name of Individual (Last, First, Middl Quach, Tin, , Dr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 100 E. Zenaida			M M / D D / Y Y Y Y Y 07 15 2016
City	State	Zip Code	Transaction ID : SA11AI.35557
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.85
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Self employed	phys	sician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 297.38]
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name	
3. Quach, Tin, , Dr., Mailing Address 100 E. Zenaida			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.35909
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.85
Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		323.23]
Full Name of Individual (Last, First, Middl c. Quach, Tin, , Dr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 100 E. Zenaida			09 16 2016
City	State	Zip Code	Transaction ID : SA11AI.36260
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing	C		25.85

FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 349.08	

77.55 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1.000

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 272 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements mane and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Quinteros, Maria, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 702 South 1st Lane			07 07 Y Y Y Y 07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35205
	McAllen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
в.	Full Name of Individual (Last, First, Middle Initia Quinteros, Maria, , Dr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 702 South 1st Lane	07 15 / Y Y Y Y 2016		
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35558 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Quinteros, Maria, , Dr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 702 South 1st Lane	1		08 / D D / Y Y Y Y 08 15 2016
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35910
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)	, iggi egale	450.00]
s	UBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 273 OF 386 (check only one) 11a 11a 11b 13 14
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Quinteros, Maria, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 702 South 1st Lane			M M / D D / Y
	City	State	Zip Code	Transaction ID : SA11AI.36261
	McAllen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		500.00	
В.	Full Name of Individual (Last, First, Middle Initia Rafols, Rafael, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3113 Capri Court			08 15 2016
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35911 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Self employed		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1
				-
C.	Full Name of Individual (Last, First, Middle Initia Rafols, Rafael, , Dr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3113 Capri Court			09 16 / Y Y Y Y Y 09 16
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36262
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item
	Receipt For:	1	Year-to-Date V	
	Primary General	Aggregate		
	Other (specify)	L	250.00	
s	UBTOTAL of Receipts This Page (optional)			100.00

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TOTAL This Period (last page this line number only)	ſ						_	Ī
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 274 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC		
A.	Full Name of Individual (Last, First, Middle Ini Ramirez, Ernesto, , Dr.,	tial) or Full C	organization Name	Date of Receipt
	Mailing Address P.O.Box 720298			07 / D D / Y Y Y Y 07 07 2016
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.35207 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	
в.	Full Name of Individual (Last, First, Middle Ini Ramirez, Ernesto, , Dr., Mailing Address P.O.Box 720298	Date of Receipt		
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.35560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 800.00	
с.	Full Name of Individual (Last, First, Middle Ini Ramirez, Ernesto, , Dr., Mailing Address P.O.Box 720298	tial) or Full C	organization Name	Date of Receipt
	City McAllen	State TX	Zip Code 78502	08 15 2016 Transaction ID : SA11AI.35912 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	
Γ	UPTOTAL of Descints This Doce (antional)			300.00

SUBICIAL of Receipts This Page (optional)		1	y	-	y.	1		
	Е	 		 		 		
TOTAL This Period (last page this line number only)	L	 	-	 		 	-	

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SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

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

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

FOR LINE NUMBER:

(check only one)

X 11a 11b 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 Ramirez, Ernesto, , Dr., Α. Date of Receipt Mailing Address P.O.Box 720298 1 2016 09 16 City Zip Code State Transaction ID : SA11AI.36263 TΧ McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 07 2016 07 City State Zip Code Transaction ID : SA11AI.35208 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35561 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 275 OF

12

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 276 OF 386 (check only one)
•••			Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
A.	Full Name of Individual (Last, First, Middle Init Ramirez, Samuel, , Dr.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 5201 N. 10th			M M / D D / Y
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) self-employee		upation (for Individual) rsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
B	Full Name of Individual (Last, First, Middle Init Ramirez, Samuel, , Dr.,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 5201 N. 10th	09 16 2016		
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) self-employee		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Ramirez, Sergio, , ,	Date of Receipt		
	Mailing Address 1608 Woods Drive	1		07 / D D / Y Y Y Y 07 07 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35209 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00]
s	UBTOTAL of Receipts This Page (optional)			330.00

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	CHEDULE A (FEC Form 3X)		ι	Jse separate schedule(s)	FOR LINE NUMBER: PAGE 277 C (check only one)					386		
IT	EMIZED RECEIPTS		for each category of the				11b	11c 12				
				Detailed Summary Page		11a 13	14			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.											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Ζ	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Jraar	nization Nomo								
Α.	Ramirez, Sergio, , ,		Луа		[Date of	Receipt					
	Mailing Address 1608 Woods Drive					м м 07	/ D D 15	/ Y Y Y 2016	Y			
	City	State TX		Zip Code		Transa	action ID :	SA11AI.35562				
	mission	IX		78572	A	Amount	of Each R	eceipt this Perio	d			
	FEC ID number of contributing federal political committee.	С				_	-gr.	250	0.00			
	Name of Employer (for Individual) selfemployed		upat sicia	ion (for Individual) n		Me	mo Item on					
	Receipt For:			r-to-Date ▼								
	Primary General	, iggi oguto	loa	2000.00	11							
	Other (specify) v	<u> </u>	7	2000.00								
B	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drgar	nization Name		Date of	Receipt					
Ь.	Ramirez, Sergio, , , Mailing Address 1608 Woods Drive							/	V			
	Maining Address 1608 W00ds Drive						15	2016	21			
	City	State		Zip Code		Transa	ction ID :	SA11AI.35914				
	mission	TX		78572	A	Amount	of Each R	eceipt this Perio	d			
	FEC ID number of contributing federal political committee.	С					- J -	250	0.00			
	Name of Employer (for Individual) selfemployed		cupat /sicia	ion (for Individual) In	co	Me	mo Item on					
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General Other (specify) ▼		,	2250.00]							
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ramirez, Sergio, , ,							Receipt					
	Mailing Address 1608 Woods Drive					м м 09	/ D D 16	2016	Y			
	City mission	State TX		Zip Code 78572				SA11AI.36265	d			
	FEC ID number of contributing					Amount	OF EACH R	eceipt this Perio				
federal political committee.		C	-			_	y	250	0.00			
			•	ion (for Individual)			mo Item					
selfemployed phys Receipt For: Aggregate Primary General						ontributi	UT					
			Yea	r-to-Date ▼	_							
	Other (specify)		-	2500.00								
s	UBTOTAL of Receipts This Page (optional)			•••••				750	0.00			

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TOTAL This Period (last page this line number only)	L		-	 	-7	 	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 278 OF 386 (check only one) I1a I1a 11b I1c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Ramos, Gustavo, , , Mailing Address 1301 S. Perking	al) or Full C	Organization Name	Date of Receipt
	City	State TX	Zip Code 78501	07 07 2016 Transaction ID : SA11AI.35210
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed Receipt For:	phy	eupation (for Individual) rsicain Year-to-Date ▼ 2700.00	Memo Item contribution
в.	Full Name of Individual (Last, First, Middle Initia Ramos, Gustavo, , , Mailing Address 1301 S. Perking	al) or Full C	Organization Name	Date of Receipt
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.35563 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		supation (for Individual) vsicain	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3100.00]
C.	Full Name of Individual (Last, First, Middle Initia Ramos, Gustavo, , , Mailing Address 1301 S. Perking	al) or Full C	Organization Name	Date of Receipt
	City mcallen	State TX	Zip Code 78501	08 15 2016 Transaction ID : SA11AI.35915 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	phys	upation (for Individual) sicain Year-to-Date ▼ 3500.00	Memo Item contribution
s	UBTOTAL of Receipts This Page (optional)			1200.00

Mailing Address 1301 S. Perking 09 16 2016 City State Zip Code Transaction ID : SA11AL36266 Mount of Ecc ID number of contributing federal political committee. C 6 Amount of Each Receipt this Perior Name of Employed Primary General Occupation (for Individual) Memo Item contribution Primary General Aggregate Year-to-Date ▼ 07 07 2016 Transaction ID : SA11AL35211 Memo Item contribution Memo Item contribution Contribution Contribution Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 07 07 2016 Ramos, Keith, , Dr., Mailing Address P.O. Box 4412 07 07 2016 City State Zip Code Transaction ID : SA11AL35211 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. C 107 07 2016 Name of Employer (for Individual) Occupation (for Individual) 0 Memo Item contribution selfemployed Occupation (for Individual) 0 50	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 279 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16
A. Ramos, Gustavo, , , , Date of Receipt Mailing Address 1301 S. Perking Date of Receipt City State Zip Code mcallen TX 78501 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed physicain Memo Item contribution Receipt For: Aggregate Year-to-Date ▼ Memo Item contribution Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 8. Ramos, Keith, , Dr., Mailing Address P.O. Box 4412 Memo Item contributing federal political committee. City State Zip Code TX 78502 McAllen TX 78502 Tansaction ID : SA11AL35211 Amount of Each Receipt this Period federal political committee. C Memo Item contribution for Individual) for J (2016) FEC ID number of contributing federal political committee. C Jip Code TX Jip Code TX Name of Employer (for Individual) Occupation (for Individual) Memo Item contribution FEC ID number of contributing federal political committee. C Jip Sole Jip Sole Name of Employer (for Individual) selfemployed O	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a		
B. Ramos, Keith, , Dr., Date of Receipt Mailing Address P.O. Box 4412 07 07 2016 City State Zip Code Transaction ID : SA11AI.35211 McAllen TX 78502 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation (for Individual) State 50 Name of Employed Occupation (for Individual) Occupation (for Individual) Memo Item contribution	A. Ramos, Gustavo, , , Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State TX C Occu phys	Zip Code 78501 upation (for Individual) sicain Year-to-Date ▼	Mmm / D / Y
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00	B. Ramos, Keith, , Dr., Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State TX C Occ phy	Zip Code 78502 upation (for Individual) sician Year-to-Date ▼	M M / D D / 2016 Transaction ID : SA11AI.35211 Amount of Each Receipt this Period 50.00 Memo Item

Mailing Address	P.O. Box 4412	2
City		

			07	15	2016	
City	State	Zip Code	Transac	tion ID : SA1	1AI.35564	
McAllen	TX	78502	Amount o	f Each Receip	pt this Period	
FEC ID number of contributing federal political committee.	С			y 1 1	50.00	
Name of Employer (for Individual)	Occup	ation (for Individual)	Men	no Item		
selfemployed	employed physician					
Receipt For:	Aggregate Ye	ear-to-Date 🔻				
Primary General Other (specify)						
SUBTOTAL of Receipts This Page (optional)				,	500.00	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 280 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements mane and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Ramos, Keith, , Dr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address P.O. Box 4412			08 / D D / Y Y Y Y 08 15 2016
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.35916
	MCAllen		78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		supation (for Individual) vsician	Contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		450.00	
В.	Full Name of Individual (Last, First, Middle Initia Ramos, Keith, , Dr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address P.O. Box 4412			09 16 2016
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.36267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)	L	, 500.00	
C.	Full Name of Individual (Last, First, Middle Initia Rangel, Mario, , Mr.,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 3213 Lance Lot Lane			08 / D D / Y Y Y Y 2016
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35918
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual)			cupation (for Individual)	Memo Item
	selfemployed Receipt For:	1.	ate investor	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00]
s	UBTOTAL of Receipts This Page (optional)		•••••	125.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 281 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Rangel, Mario, , Mr.,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 3213 Lance Lot Lane			09 16 / Y Y Y Y Y 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.36269
	Edinburg	IX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	selfemployed	priv	vate investor	contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		250.00	
	Other (specify) v		250.00	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full (Pragnization Name	
В.	Rangel, Soraya, , Ms,		nganization Name	Date of Receipt
	Mailing Address 2010 S. Cynthia Ste 110			08 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35919
	McAllen	ТХ	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	000	cupation (for Individual)	Memo Item
	selfemployed		vate investor	contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	.99.09410		
	Other (specify)	L	225.00	
C.	Full Name of Individual (Last, First, Middle Initia Rangel, Soraya, , Ms,	Drganization Name	Date of Receipt	
	Mailing Address 2010 S. Cynthia Ste 110			09 / D D / Y Y Y Y 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36270
	McAllen	ТХ	78503	Amount of Each Receipt this Period
		C		25.00
		Occ	upation (for Individual)	Memo Item
		ate investor	contribution	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			75.00

TOTAL This Period (last page this line number only)	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 282 OF 386 (check only one) Image: Check only one image: Chec
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mana and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC		
Α.	Full Name of Individual (Last, First, Middle Initi Reddy, R.V., , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1500 Southland Drive			07 07 Y Y Y Y Y 07 07 2016
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35215 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 875.00	Memo Item contribution
в.	Full Name of Individual (Last, First, Middle Initi Reddy, R.V., , , Mailing Address 1500 Southland Drive	ial) or Full C	Organization Name	Date of Receipt
	City weslaco	State TX	Zip Code 78596	07 15 2016 Transaction ID : SA11AI.35568 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
с.	Full Name of Individual (Last, First, Middle Initi Reddy, R.V., , ,	Date of Receipt		
	Mailing Address 1500 Southland Drive			08 / D D / Y Y Y Y 2016
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35920 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1125.00	1
s	UBTOTAL of Receipts This Page (optional)			375.00

CHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 283 OF
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16
			person for the purpose of soliciting contributio be to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	L PAC		
Full Name of Individual (Last, First, Middle Reddy, R.V., , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1500 Southland Drive			09 16 / Y Y Y Y
City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.36271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]
Full Name of Individual (Last, First, Middle . Reddy, Vangala, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 605 Tulip			07 07 2016
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00]
Full Name of Individual (Last, First, Middle . Reddy, Vangala, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 605 Tulip			07 15 2016
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35569

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional)	525.00	
TOTAL This Period (last page this line number		

С

mcallen

FEC ID number of contributing

federal political committee.

Amount of Each Receipt this Period

386

17

Image# 201705269055156066			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,		FOR LINE NUMBER: PAGE 284 OF 386 (check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name of Individual (Last, First, Middle I A. Reddy, Vangala, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 605 Tulip			08 15 2016
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)		cupation (for Individual)	Memo Item
selfemployed	phy	vsician	contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1800.00]
Full Name of Individual (Last, First, Middle I B. Reddy, Vangala, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 605 Tulip			09 16 2016
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.36272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		2000.00	
Full Name of Individual (Last, First, Middle I C. Reinoso, Manuel, , Dr.,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 1400 E Ridge suite 7			08 15 2016
City	State	Zip Code	Transaction ID : SA11AI.35922
McAllen	ТХ	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution
Receipt For:	1. ,	Year-to-Date V	
Other (specify)		225.00	

	-							-
SUBTOTAL of Receipts This Page (optional)		7	 	9	_	42:	5.00	
	 		 					-
TOTAL This Period (last page this line number only)	 		 	-				

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 285 OF (check only one) 11a 11a 11b 11c 13 14 15	
			y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER				
Full Name of Individual (Last, First, Midd Reinoso, Manuel, , Dr.,	le Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 1400 E Ridge suite 7	ng Address 1400 E Ridge suite 7			
City	State	Zip Code	Transaction ID : SA11AI.36273	
McAllen	ТХ	78503	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
self-employee		vsician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name of Individual (Last, First, Midd Restrepo, William, , ,	le Initial) or Full C	Drganization Name	Date of Receipt	
Mailing Address 1117 S. Cynthia			07 07 2016	
City	State	Zip Code	Transaction ID · SA11AI 35218	

Β.	Restrepo, William, , ,	Date of Receipt											
	Mailing Address 1117 S. Cynthia			07	07 2016								
	City	State	Zip Code	Transact	ion ID : SA11AI.35218								
	mcallen	ТХ	78504		Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual) selfemployed	Contribution	o Item										
	Receipt For: Primary General Other (specify) ▼												
с.	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , ,	al) or Full Orga	nization Name	Date of Re	eceipt								
	Mailing Address 1117 S. Cynthia			07	15 / Y Y Y Y 15 2016								
	City	State	Zip Code	Transac	tion ID : SA11AI.35571								
	mcallen	ТХ	78504	Amount of	Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			400.00								
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Mem	o Item								
	selfemployed	physicia	an	contribution									

seirempioyed	Contribution	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3050.00	
SUBTOTAL of Receipts This Page (optional)	825.00	
TOTAL This Period (last page this line number	only)	· · · · · · · · · · · · · · ·

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page									
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Restrepo, William, , , Mailing Address 1117 S. Cynthia	al) or Full O	Drgan	ization Name	Date of			Y Y	1			
	City mcallen	State TX		Zip Code 78504	Transa	ction ID : S	A11AI.3592	3	-			
	FEC ID number of contributing federal political committee.	С						400.00				
	Name of Employer (for Individual) selfemployed Receipt For:		siciai		Contributio	mo Item on						
В.	Full Name of Individual (Last, First, Middle Initia Restrepo, William, , , Mailing Address 1117 S. Cynthia	al) or Full O	Drgan	ization Name	Date of	Receipt	/ Y Y	ү ү 16	1			
	City mcallen	State TX		Zip Code 78504	Transa	ction ID : S	A11AI.3627 ceipt this Pe	4	_			
	FEC ID number of contributing federal political committee.	C					-	400.00				
	Name of Employer (for Individual) selfemployed Receipt For:		/sicia		contributic	mo Item on						
	Primary General Other (specify) ▼											
C.	Full Name of Individual (Last, First, Middle Initia Reyes, Anna, , Dr., Mailing Address 320 North 7th Street	al) or Full O	Drgan	ization Name	Date of	Receipt	/	ÝÝ				
	City	State		Zip Code	07	07	20 A11AI.3521	16				
	McAllen FEC ID number of contributing federal political committee.	С		78501	_ Amount	of Each Re	ceipt this Pe	eriod 50.00				
	Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼										
s	UBTOTAL of Receipts This Page (optional)			••••••				850.00				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 287 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and St or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC												
Full Name of Individual (Last, First, Middle Initi A. Reyes, Anna, , Dr.,	al) or Full C	rganization Name	Date of Receipt										
Mailing Address 320 North 7th Street			07 / D D / Y Y Y Y 2016										
City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35572 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) self-employee	self-employee physician												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]										
Full Name of Individual (Last, First, Middle Initi B. Reyes, Anna, , Dr.,	al) or Full C	rganization Name	Date of Receipt										
Mailing Address 320 North 7th Street			08 / D D / Y Y Y Y 08 15 2016										
City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.35924 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution										
Receipt For: Primary General Other (specify) ▼]												
Full Name of Individual (Last, First, Middle Initi C. Reyes, Anna, , Dr.,	al) or Full C	rganization Name	Date of Receipt										
Mailing Address 320 North 7th Street			M M / D D / Y Y Y Y 09 16 2016										
City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.36275 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]										
SUBTOTAL of Receipts This Page (optional)			150.00										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 14 13 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 Ringheanu, Mihaela, , Dr., Date of Receipt Α. Mailing Address 3214 1 2016 Banyan Circle 07 07 City State Zip Code Transaction ID : SA11AI.35220 Harlingen TΧ 78550 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ringheanu, Mihaela, , Dr., Date of Receipt Mailing Address 3214 07 15 2016 **Banyan Circle** City State Zip Code Transaction ID : SA11AI.35573 ТΧ Harlingen 78550 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ringheanu, Mihaela, , Dr., Date of Receipt Mailing Address 3214 MM 08 15 2016 **Banyan Circle** City State Zip Code Transaction ID : SA11AI.35925 ТΧ Harlingen 78550 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 375.00

			-	7)		_	,		-	
	1.10									 	-
TOTAL This Period (last page this line number only)		_	-	_		-	_	_	_	 	_

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
Full Name of Individual (Last, First, Middle Initi Ringheanu, Mihaela, , Dr., Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) ▼	al) or Full Organization Name State Zip Code TX 78550 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1250.00 1250.00	Date of Receipt 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 Initi Rivas, Homero, , , Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	al) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1750.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initi Rivas, Homero, , , Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	al) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2000.00 C	Date of Receipt 07 15 2016 Transaction ID : SA11AI.35574 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)		625.00

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

100

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

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			Use separate schedule(s)		(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13		11b 14	11c		12 16		17
	ny information copied from such Reports and S				for the		pose of	f solicitin		ontribut	ions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
Α.	Full Name of Individual (Last, First, Middle In Rivas, Homero, , ,	tial) or Full C	rganization Name		Date of	f Re	ceipt					
	Mailing Address 100 E. Houston				08	/	D 15			016	Y	
	City mcallen	State TX	Zip Code 78501					SA11A Receipt t				
	FEC ID number of contributing federal political committee.	С								250.0	00	
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		M		ltem					
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 2250.00]									
В.	Full Name of Individual (Last, First, Middle In Rivas, Homero, , ,	tial) or Full C	rganization Name		Date of	f Re	ceipt					
	Mailing Address 100 E. Houston	1			м м 09	/	D 16			016	Y	
	City mcallen	State TX	Zip Code 78501				-	SA11A				
	FEC ID number of contributing federal political committee.	С			<u> </u>				_	250.0	00	
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		M		tem					
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00											
<u>с</u> .	Full Name of Individual (Last, First, Middle In Robalino, Benjamin, , ,	itial) or Full C	rganization Name		Date of	f Re	ceipt					
	Mailing Address 1217 S. Cynthia				м 07	1	D 07			016 [°]	Y	
	City mcallen	State TX	Zip Code 78501					: SA11A Receipt t				
	FEC ID number of contributing federal political committee.				<u> </u>		,	. ,		250.0	00	
	Name of Employer (for Individual) selfemployed	Occ. phys	upation (for Individual) scian		M contribut		tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00	1								
5	SUBTOTAL of Receipts This Page (optional)			► _	<u> </u>		,	, ,		750.0	00]

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

FEC Schedule A (Form 3X) Rev. 06/2016

1 - **7** - 1 - **7** - 1 - 1

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 14 13 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 Robalino, Benjamin, , , Date of Receipt Α. Mailing Address 1217 S. Cynthia 1 2016 07 15 City Zip Code State Transaction ID : SA11AI.35575 TΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physcian contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia 08 15 2016 City State Zip Code Transaction ID : SA11AI.35927 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physcian Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robalino, Benjamin, , , Date of Receipt Mailing Address 1217 S. Cynthia MM 09 16 2016 City State Zip Code Transaction ID : SA11AI.36278 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physcian Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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386

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Rocha, Martin, , Mr., Mailing Address P.O. Box 662	ial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	07 07 2016 Transaction ID : SA11AI.35223
	Santa Rosa	ТХ	78593	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	selfemployed	priva	ate investor	contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		250.00	
	Other (specify) v	<u> </u>	350.00	
В.	Full Name of Individual (Last, First, Middle Init Rocha, Martin, , Mr.,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address P.O. Box 662			07 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35576
	Santa Rosa	TX	78593	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
c.	Full Name of Individual (Last, First, Middle Init Rocha, Martin, , Mr.,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address P.O. Box 662			08 / D D / Y Y Y Y 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.35928
	Santa Rosa		78593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		50.00
	Name of Employer (for Individual)	Οςςι	upation (for Individual)	Memo Item
	selfemployed	priva	ate investor	contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional)		•	150.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Use separate schedule(s)			(check only one)								
11	EMIZED RECEIPTS			each category of the iled Summary Page		× 11a 13		11b	11c	;	12 16		17	
	y information copied from such Reports and S for commercial purposes, other than using the					for the		pose o	f solicit		ontribut		17	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I													
<u> </u>	Full Name of Individual (Last, First, Middle Ini Rocha, Martin, , Mr.,	tial) or Full C	Organiza	tion Name		Date o	fRe	eceipt						
	Mailing Address P.O. Box 662					09	/	D			y y 2016	Y		
	City Santa Rosa	State TX		Code 8593	_			t ion ID Each I						
	FEC ID number of contributing federal political committee.	С							- 4		50.0	00		
	Name of Employer (for Individual) selfemployed		upation ate inve	(for Individual) stor		Contribu		o Item						
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼				Date ▼ 500.00										
в.	Full Name of Individual (Last, First, Middle Ini Rodriguez, Ofelia, , Dr.,	tial) or Full C	rganiza	tion Name		Date o	f Re	eceipt						
	Mailing Address 112 E. Xenops					07		D 07			2016	Y		
	City McAllen				_			i on ID : Each I	-					
	FEC ID number of contributing federal political committee.	С						-gr. 1			50.0	00		
	Name of Employer (for Individual) Ou selfemployed p			(for Individual)	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00													
<u> </u>	Full Name of Individual (Last, First, Middle Ini Rodriguez, Ofelia, , Dr.,	tial) or Full C	rganiza	tion Name		Date o	f Re	eceipt						
	Mailing Address 112 E. Xenops					07	1	D 15			2016	Y		
	City McAllen	State TX		Code 3504				tion ID Each I						
	FEC ID number of contributing federal political committee.				<u> </u>		, i		_	50.	00			
	Name of Employer (for Individual) selfemployed		upation sician	(for Individual)		N contribu		o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	Date ▼ 400.00										
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>			,	. ,	_	150.0	00]	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category o Detailed Summary F		✗ 11a 11b 11c 12 13 14 15 16 17	
					erson for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
A. F	ull Name of Individual (Last, First, Middle I Rodriguez, Ofelia, , Dr., lailing Address 112 E. Xenops ity McAllen EC ID number of contributing deral political committee. ame of Employer (for Individual) elfemployed eceipt For: Primary General Other (specify) ▼	State TX C Occuphys	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼	60.00	Date of Receipt
B. <u>F</u> M ⊂	ull Name of Individual (Last, First, Middle I Rodriguez, Ofelia, , Dr., lailing Address 112 E. Xenops ity IcAllen	nitial) or Full O State TX	Zip Code 78504		Date of Receipt 09 / 16 / 2016 Transaction ID : SA11AI.36282 Amount of Each Receipt this Period
fe N Se	EC ID number of contributing deral political committee. lame of Employer (for Individual) elfemployed ecceipt For: Primary General Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date 5(00.00	Memo Item contribution
C. I M C E F f f e N S	ull Name of Individual (Last, First, Middle I Rodriquez, Edgar, , Dr., lailing Address 815 Crown Circle ity Edinburg EC ID number of contributing ederal political committee. ame of Employer (for Individual) elfemployed eceipt For: Primary General	State TX C	Zip Code 78539		Date of Receipt
SU	Other (specify) BTOTAL of Receipts This Page (optional)		-9	00.00	200.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 295 OF

386

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11			11b 14	,	11c 15	12 16	1	7
	y information copied from such Reports and Si for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC												
Α.	Full Name of Individual (Last, First, Middle Init Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (anacit)	State TX C	upa	Zip Code 78539 tion (for Individual)		M (Tr	o7 ans oun	iact		15 ID: ch R	SA11AI. Receipt th	nis Peric]
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Init Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle	ial) or Full O	Drga	nization Name		M	e of 18	f Re	eceip	ot 15		2016	Ý	
	City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	C Occc phy	/sici	Zip Code 78539 ation (for Individual) an ar-to-Date 900.00			ouni M	t of emc		ch R	SA11AI. leceipt th	nis Peric	od 0.00]
C.	Full Name of Individual (Last, First, Middle Init Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	upa	Zip Code 78539 tion (for Individual)		M (Tr)9 ans oun	f of		16 ID : ch R	SA11AI Receipt th	nis Peric]
s	UBTOTAL of Receipts This Page (optional)			•					9		9	30	0.00]

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SCHEDULE A	(FEC Form 3X)	
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X 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 Ruiz, Henry, E., Dr., Date of Receipt Α. Mailing Address 208 W. Pelician 2016 07 07 City Zip Code State Transaction ID : SA11AI.35230 TΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician 07 15 2016 City State Zip Code Transaction ID : SA11AI.35583 ТΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35936 ТΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 296 OF

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 297 OF 386 (check only one) 11a 11a 11b 13 14
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	BORDER HEALTH FEDERAL F	_		
Α.	Full Name of Individual (Last, First, Middle Ini Ruiz, Henry, E., Dr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 208 W. Pelician			M M / D D / Y Y Y Y 09 16 2016
	City	State	Zip Code	Transaction ID : SA11AI.36286
	Mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	selfemployed Receipt For:		sician	contribution
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) V		1500.00	
В.	Full Name of Individual (Last, First, Middle Ini Ruiz, Robert, , Dr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 2524 James			07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35231
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employee	phy	vsician	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify) v		,,	
С.	Full Name of Individual (Last, First, Middle Ini Ruiz, Robert, , Dr.,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 2524 James	1		07 / D D / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35656
	Edinburg	ТХ	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employee		sician	contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	55 . 5		
	Other (specify)		400.00	

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	for commercial purposes, other than using th			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Saca, Paulette, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 109 Condor			M M / D D / Y Y Y Y 07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35233
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	self-employed		ate investor	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify) V		525.00	
В.	Full Name of Individual (Last, First, Middle Ir Saca, Paulette, , ,	iitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 109 Condor			07 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.35585
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	5	Occ	upation (for Individual) ate investor	Memo Item
	federal political committee.	Occ	ate investor	Memo Item
	federal political committee. Name of Employer (for Individual) self-employed	Occ	, ,	Memo Item
	federal political committee. Name of Employer (for Individual) self-employed Receipt For:	Occ	ate investor	Memo Item
 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General	Occ priv Aggregate	ate investor Year-to-Date ▼ 600.00	Memo Item
 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Ir	Occ priv Aggregate	ate investor Year-to-Date ▼ 600.00	Memo Item contribution
 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occ priv Aggregate	ate investor Year-to-Date ▼ 600.00	Date of Receipt
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 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Saca, Paulette, , , Mailing Address 109 Condor City	Aggregate itial) or Full O	ate investor Year-to-Date ▼ 600.00 rganization Name Zip Code	Date of Receipt 08 15 2016 Transaction ID : SA11AI.35939
 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Saca, Paulette, , , Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee.	Occupriv Aggregate hitial) or Full O State TX	ate investor Year-to-Date ▼ 600.00 rganization Name Zip Code 78504	Date of Receipt 08 15 2016 Transaction ID : SA11AI.35939 Amount of Each Receipt this Period
 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Saca, Paulette, , , Mailing Address 109 Condor City mcallen FEC ID number of contributing	Aggregate itial) or Full O State TX C Occu	ate investor Year-to-Date ▼ 600.00 rganization Name Zip Code	Date of Receipt 08 15 2016 Transaction ID : SA11AI.35939 Amount of Each Receipt this Period 75.00
 C.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Saca, Paulette, , , Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Aggregate Aggregate Ditial) or Full O State TX C Occu priva	ate investor Year-to-Date ▼ 600.00 rganization Name Zip Code 78504 upation (for Individual) ate investor	Memo Item contribution Date of Receipt 08 15 2016 Transaction ID : SA11AI.35939 Amount of Each Receipt this Period 75.00 Memo Item
 c.	federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Saca, Paulette, , , Mailing Address 109 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed	Aggregate Aggregate Ditial) or Full O State TX C Occu priva	ate investor Year-to-Date ▼ 600.00 rganization Name Zip Code 78504 upation (for Individual)	Memo Item contribution Date of Receipt 08 15 2016 Transaction ID : SA11AI.35939 Amount of Each Receipt this Period 75.00 Memo Item

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 299 OF

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$\overline{)}$	NAME OF COMMITTEE (In Full)											
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	Full Name of Individual (Last, First, Middle Initial)) or Full C	Organ	ization Name								
Β.	Saenz, Javier, , ,				เ	Date of	f Re	eceipt				
	Mailing Address 2308 Monaco Drive					M M	1		/ Y	Y	Y I	Y
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C	Full Name of Individual (Last, First, Middle Initial) Saenz, Javier, , ,) or ⊢ull C	Jrgan	ization Name	,	Date of	f R4	eceint				
-	Mailing Address 2308 Monaco Drive				\dashv	M M	/		/ Y	Y	Y	Y
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	City	State TX		Zip Code					SA11AL			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	se separate schedule(s) r each category of the	(ch	R LINE eck only	/ one		: P/		300 O	F	386
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Α.	Full Name of Individual (Last, First, Middle Initia Saenz, Javier, , ,	al) or Full O	rgani	zation Name		Date of	Rec	eipt					
	Mailing Address 2308 Monaco Drive					м м 08	1	D 15			y y 2016	Y	
	City mission	State TX	2	Zip Code 78574		Trans Amount			: SA11 Receipt				
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	Name of Employer (for Individual) selfemployed		upatio sician	on (for Individual)	c	Me ontribut	emo ion	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 3600.00									
в.	Full Name of Individual (Last, First, Middle Initia Saenz, Javier, , ,	al) or Full O	Organi	zation Name		Date of	Rec	eipt					
	Mailing Address 2308 Monaco Drive					м м 09	1	D 16			2016	Y	
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	Other (specify)	L	,	4000.00									
C.	Full Name of Individual (Last, First, Middle Initia Saenz, Jessica, , Ms,	al) or Full O	Organi	zation Name		Date of	Rec	eipt			_	_	
	Mailing Address 2608 Swallow Ave					09 ^M	1	D 16			2016	Y	
	City McAllen	State TX		Zip Code 78504		Trans Amount			: SA11 Receipt				
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	Name of Employer (for Individual) selfemployed		•	on (for Individual) vestor	c	M	emo ion	Item					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 301 OF 386 (check only one) 11a 11a 11b 11c 12
	y information copied from such Reports and Sta		ay not be sold or used by any p	
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Saenz, JJ, , ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 2400 S.E. Augusta Square			07 / D D / Y Y Y Y 07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35236
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	selfemployed	phy	sician	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify)		2650.00	
в.	Full Name of Individual (Last, First, Middle Initia Saenz, JJ, , ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 2400 S.E. Augusta Square			07 / D D / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35588
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 3050.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full C	organization Name	Date of Receipt
	Mailing Address 2400 S.E. Augusta Square			08 / D D / Y Y Y Y 08 15 2016
	City	State TX	Zip Code	Transaction ID : SA11AI.35942
	mcallen		78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	selfemployed		sician	contribution
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	Primary General Other (specify)		3450.00	1
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City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.36291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Individual) rsician Year-to-Date ▼ 3850.00	Contribution
Full Name of Individual (Last, First, Middle In B. Safir, Larry, , , Mailing Address 3300 S. 2nd suite 10 City mcallen	State TX	Zip Code 78503	Date of Receipt
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Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2800.00]
Full Name of Individual (Last, First, Middle In C. Safir, Larry, , , Mailing Address 3300 S. 2nd <u>suite 10</u> City	State	Zip Code	Date of Receipt 07 / 15 / 2016 Transaction ID : SA11AI.35589
mcallen FEC ID number of contributing federal political committee.	С	78503	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed Receipt For:	priv	upation (for Individual) ate investor Year-to-Date ▼	contribution
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA			10 50					T COMIN		J.					
Α.	Full Name of Individual (Last, First, Middle Initial Safir, Larry, , , Mailing Address 3300 S. 2nd suite 10	or Full Organization Na	me	Date of Receipt												
	City	State Zip Code				act	the state of the s	SA11AI.								
	mcallen	TX 78503		_	Amoun	t of	Each F	Receipt th	is Perio	d		_				
	FEC ID number of contributing federal political committee.	С					- 1	- 49-	400	0.00)]				
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Inc private investor Aggregate Year-to-Date		c	ontribut		ttem									
в.	Full Name of Individual (Last, First, Middle Initial Safir, Larry, , ,	or Full Organization Na	me		Date of	f Re	ceipt									
	Mailing Address 3300 S. 2nd suite 10 City							09 / 16 / 2016 Transaction ID : SA11AL36292								
	mcallen	TX 78503	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		400.00												
	Name of Employer (for Individual) self-employed	Occupation (for Inc private investor	dividual)	Memo Item contribution												
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	4000.00													
с.	Full Name of Individual (Last, First, Middle Initial Salazar, Juan, , ,	or Full Organization Na	me		Date of	f Re	ceipt									
	Mailing Address 801 E Nolana Loop				07 07 2016											
	City McAllen	StateZip CodeTX78504		-			-	SA11AI.								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period												
	Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Inc physician	Memo Item contribution													
	Primary General Other (specify)	Aggregate Year-to-Date	1750.00													
s	UBTOTAL of Receipts This Page (optional)		>				, .	. ,	1050).00)					
т	OTAL This Period (last page this line number on	/)	••••••	-			-			-						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 304 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Salazar, Juan, , ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 801 E Nolana Loop	1-		07 / D D / Y Y Y Y Y 2016							
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35590							
			78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	selfemployed	phy	vsician	contribution							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		2000.00]							
В.	Full Name of Individual (Last, First, Middle Initia Salazar, Juan, , ,	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 801 E Nolana Loop	08 15 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35944							
	McAllen	TX	78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00								
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name	Date of Receipt							
	Mailing Address 801 E Nolana Loop			09 16 / Y Y Y Y Y 09 16							
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36293							
			70004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				250.00							
			cupation (for Individual)	Memo Item							
	selfemployed	phys	sician	contribution							
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		2500.00								
s	UBTOTAL of Receipts This Page (optional)			750.00							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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386

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC									
Full Name of Individual (Last, First, M Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occ phy	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 350.00	Date of Receipt							
Full Name of Individual (Last, First, M B. Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City	State	Zip Code	Date of Receipt 07 / 15 / 2016 Transaction ID : SA11AI.35591							
McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	phy	78504 upation (for Individual) sician Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 50.00 Memo Item contribution							
Full Name of Individual (Last, First, M Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State TX C	rganization Name Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 450.00	Date of Receipt							
SUBTOTAL of Receipts This Page (op	ional)		150.00							

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 306 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street	al) or Full C	Organization Name	Date of Receipt
	City	State TX	Zip Code	09 16 2016 Transaction ID : SA11AI.36294
	McAllen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period
	Name of Employer (for Individual) self-employee Receipt For: Primary General	phy	upation (for Individual) sician Year-to-Date ▼ 500.00	Memo Item contribution
Β.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initia Salinas, Benjamin, , Dr., Mailing Address 801 W. 2th	al) or Full C		Date of Receipt
	City Mercedes FEC ID number of contributing federal political committee.	State TX	Zip Code 78578	Transaction ID : SA11AI.35240 Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual) Self employed		upation (for Individual) rsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
	Full Name of Individual (Last, First, Middle Initia Salinas, Benjamin, , Dr., Mailing Address 801 W. 2th	al) or Full C	Organization Name	Date of Receipt
	City Mercedes	State TX	Zip Code 78578	Transaction ID : SA11AI.35592 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				100.00
	Name of Employer (for Individual) Self employed Receipt For: Primary General	phys	upation (for Individual) sician Year-to-Date ▼	Memo Item contribution
s	UBTOTAL of Receipts This Page (optional)		800.00	250.00

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

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 307 OF (check only one)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and a		person for the purpose of soliciting contribution the to solicit contributions from such committee.
BORDER HEALTH FEDERA		Organization Name	
Salinas, Benjamin, , Dr., Mailing Address 801 W. 2th			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.35946
Mercedes	TX	78578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Self employed Receipt For:		sician	contribution
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 900.00]
Full Name of Individual (Last, First, Middl Salinas, Benjamin, , Dr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 801 W. 2th			09 16 2016
City	State	Zip Code	Transaction ID : SA11AI.36295
Mercedes	ТХ	78578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Self employed		upation (for Individual) rsician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000,00]
Full Name of Individual (Last, First, Middl . Salinas, Mariano, , Dr.,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2203 Red River			07 07 2016
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35241 Amount of Each Receipt this Period
FEC ID number of contributing			

federal political committee.		100.00
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution
Other (specify)	700.00	
URTOTAL of Receipts This Page (optional)		300.00

SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)...... 1.000

386

17

2			
SCHEDULE A (FEC	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 308 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (IN BORDER HEALTH			
Full Name of Individual (Las A. Salinas, Mariano, , Dr.,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2203 Red R	liver		M M / D D / Y Y Y Y 07 15 2016
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35593 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng		100.00
Name of Employer (for Indiv selfemployed	,	upation (for Individual) sician	Memo Item contribution
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 800.00]
Full Name of Individual (Las B. Salinas, Mariano, , Dr Mailing Address 2203 Red R		Date of Receipt	
City mission	State TX	Zip Code 78572	08 15 2016 Transaction ID : SA11AI.35947 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		100.00
Name of Employer (for Indiv selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary Gene Other (specify) ▼	eral Aggregate	Year-to-Date ▼ 900.00]
c. Salinas, Mariano, , D		rganization Name	Date of Receipt
Mailing Address 2203 Red F	State	Zip Code	09 / 16 / 2016 Transaction ID : SA11AI.36296
TEC ID number of contributi federal political committee.	ng C	78572	Amount of Each Receipt this Period
Name of Employer (for Indiv selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 1000.00]
SUBTOTAL of Descipte This I			300.00

SUBIOIAL of Receipts This Page (optional)									
			- 14	-	y	-	- 14		-
TOTAL This Period (last page this line number only)		-			-			-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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386

•••				Detailed Summary Page		_	Н	11b	11c		2	<u> </u>			
Any information copied from such Reports and Statements r				ot be cold or used by any m		13		14	15		6 ributi	17			
	for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
$ \rangle$	BORDER HEALTH FÉDERAL PA														
/															
٨	Full Name of Individual (Last, First, Middle Initial Sanchez, Elisa, Garza, ,) or Full	Orga	nization Name		Data -	4 D -	aaint							
А.	Mailing Address 3509				_	Date of	_	· .	_			_			
	N. Glasscock					м м 07	/	07	/ Y	201	16	Y			
	City	State		Zip Code			acti	_	SA11AI.3	1. All 1.					
	Mission	ТХ		78574					eceipt thi						
	FEC ID number of contributing					_						0			
	federal political committee.	С			125.00										
	Name of Employer (for Individual)	00	cuna	tion (for Individual)		M	emo	Item							
	Self employed		vsicia	, ,	_	contribut									
	Dessint For:	\dashv		_··•											
	Primary General	, iggi ogali	5 100	ar-to-Date ▼											
	Other (specify) v	L	-	875.00											
P	Full Name of Individual (Last, First, Middle Initial Sanchez, Elisa, Garza, ,) or Full	Orga	nization Name		Date of	f Ro	caint							
Ъ.	Mailing Address 3509				Date of Receipt 07 15 2016										
	N. Glasscock														
	City	State		Zip Code		Transaction ID : SA11AI.35594									
	Mission	ТХ		78574					eceipt thi						
	FEC ID number of contributing	C	-									0			
	federal political committee.	С	_					-	-	1	25.0	U			
	Name of Employer (for Individual)	00	cupa	tion (for Individual)	Memo Item										
	Self employed		nysici	, ,	c	ontribut	ion								
	Receipt For:	Aggregate	e Yea	ar-to-Date V											
	Primary General														
	Other (specify) v	L	,	1000.00											
_	Full Nome of Individual (Last First Middle Individual		0	nization Nome											
C.	Full Name of Individual (Last, First, Middle Initial Sanchez, Elisa, Garza, ,		orga	IIIZAUUII INAIIIE		Date of	f Re	ceipt							
	Mailing Address 3509					M M		D D	/ Y	Y	Y	Y			
	N. Glasscock			1		08		15		201					
	City	State		Zip Code		Trans	sacti	on ID :	SA11AI.3	35948	B				
	Mission	ТХ		78574	_	Amoun	t of	Each R	eceipt thi	s Pe	riod				
	FEC ID number of contributing	С								1	25.0	0			
	federal political committee.	-					-	y	9			_			
	Self employed ph			tion (for Individual)		М	emo	Item							
				าก	(contribut	tion								
		Aggregat	e Yea	ar-to-Date 🔻											
	Primary General			1125.00											
	Other (specify)		-9-	1120.00											
							_		_	_		_			
s	UBTOTAL of Receipts This Page (optional)			L			_			3	875.0	0			
Ľ				•	-		÷	,			-				

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

Im	age# 201705269055156092			
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 310 OF 386 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Sanchez, Elisa, Garza, ,	itial) or Full C	Organization Name	Date of Receipt
	Mailing Address 3509 N. Glasscock			09 16 Y Y Y Y Y 09 16 2016
	City Mission	State TX	Zip Code 78574	Transaction ID : SA11AI.36297 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]
В.	Full Name of Individual (Last, First, Middle In Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia	itial) or Full C	Organization Name	Date of Receipt
				07 07 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35243 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
C.	Full Name of Individual (Last, First, Middle In Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia	itial) or Full C	Organization Name	Date of Receipt
		01-1-	Zie Och	07 / D D / Y Y Y Y 15 / 2016
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35595 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	1

SUBTOTAL of Receipts This Page (optional)				,		,	325	5.00	
	Г					1		1	
TOTAL This Period (last page this line number only)	L			-	 	-	 -	-	-

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	(chec	LINE NUMBER: PAGE 311 OF 386 k only one) 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the r															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC														
Α.	Full Name of Individual (Last, First, Middle Initia Sanchez, Manuel, , ,	al) or Full O	rga	nization Name	Da	ate of Receipt										
	Mailing Address 2804 Santa Lydia				Γ	08 15 2016										
	City mission	State TX		Zip Code 78572		Transaction ID : SA11AI.35949										
	FEC ID number of contributing federal political committee.	С				100.00										
	Name of Employer (for Individual) selfemployed Receipt For:	phys	sicia		con	Memo Item tribution										
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 900.00												
в.	Full Name of Individual (Last, First, Middle Initia Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia	al) or Full O	rga	nization Name		ate of Receipt										
					- L	09 16 2016										
	City mission	State TX		Zip Code 78572		Transaction ID : SA11AI.36298 mount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C				100.00										
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) an	con	Memo Item tribution										
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date ▼												
	Other (specify) V	L	,	1000.00												
с.	Full Name of Individual (Last, First, Middle Initia Sandoval, Oscar, , Mr.,	al) or Full O	rga	nization Name	Da	ate of Receipt										
	Mailing Address 8727 N. Campana Lane	-		1		08 / D D / Y Y Y Y 15 / 2016										
	City Edcouch	State TX		Zip Code 78538		Transaction ID : SA11AI.35951 nount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				25.00										
	Name of Employer (for Individual) Self employed	Occu	•	tion (for Individual)	cor	Memo Item tribution										
	Receipt For:			ar-to-Date 🔻												
	Primary General Other (specify)		100	225.00												

 SUBTOTAL of Receipts This Page (optional)
 225.00

 TOTAL This Period (last page this line number only)
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 312 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Sandoval, Oscar, , Mr.,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 8727 N. Campana Lane			09 16 / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.36300
	Edcouch	TX	78538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Self employed	inve	estor	contribution
	Receipt For:	Anareaate	Year-to-Date ▼	
	Primary General	riggiogato		
	Other (specify) ▼	L	250.00	1
В.	Full Name of Individual (Last, First, Middle Initi Santoy, Elena, , Ms,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 416 N. 17th Street			07 07 2016
	City	State	Zip Code	Transaction ID : SA11AI.35245
	Donna	ТХ	78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ⁄sician	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date ▼ , , , 350.00]
<u> </u>	Full Name of Individual (Last, First, Middle Initi Santoy, Elena, , Ms,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 416 N. 17th Street			07 15 2016
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.35598 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item
	Receipt For:	1		
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00	1
s	UBTOTAL of Receipts This Page (optional)			125.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 313 OF 386 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Santoy, Elena, , Ms,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 416 N. 17th Street			08 / D D / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : SA11AI.35952
	Donna	ТХ	78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		450.00]
В.	Full Name of Individual (Last, First, Middle Initia Santoy, Elena, , Ms,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 416 N. 17th Street			09 16 2016
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.36301 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
C.	Full Name of Individual (Last, First, Middle Initia Seas, Manuel, , Dr.,	ll) or Full C	Organization Name	Date of Receipt
	Mailing Address 5714 N. 6th Street			07 / D D / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35246
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	selfemployed Receipt For:	1	sician	contribution
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		210.00]
s	UBTOTAL of Receipts This Page (optional)			130.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for each c	ate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 314 OF 386 (check only one) I1a I1a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Α.	Full Name of Individual (Last, First, Middle Initia Seas, Manuel, , Dr., Mailing Address 5714 N. 6th Street	al) or Full C	Prganization N	ame	Date of Receipt
	City	State	Zip Code	9	07 15 2016 Transaction ID : SA11AI.35599
	McAllen	TX	78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Ir sician Year-to-Date	,	Contribution
	Primary General Other (specify) ▼			240.00]
В.	Full Name of Individual (Last, First, Middle Initia Seas, Manuel, , Dr.,	al) or Full C	organization N	ame	Date of Receipt
	Mailing Address 5714 N. 6th Street				08 15 2016
	City McAllen	State TX	Zip Code 78504	9	Transaction ID : SA11AI.35953 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer (for Individual) selfemployed		upation (for Ir sician	ndividual)	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	270.00]
— C.	Full Name of Individual (Last, First, Middle Initia Seas, Manuel, , Dr.,	al) or Full C	organization N	ame	Date of Receipt
	Mailing Address 5714 N. 6th Street				09 / 16 / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	e	Transaction ID : SA11AI.36302 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer (for Individual) selfemployed		upation (for Ir sician	ndividual)	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	▼ 300.00]
s	UBTOTAL of Receipts This Page (optional)				90.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Serna, Samuel, , Dr., Date of Receipt Α. Mailing Address 125 E. Cornell 2016 07 07 City Zip Code State Transaction ID : SA11AI.35247 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serna, Samuel, , Dr., Date of Receipt Mailing Address 125 E. Cornell 07 15 2016 City State Zip Code Transaction ID : SA11AI.35600 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Serna, Samuel, , Dr., Date of Receipt Mailing Address 125 E. Cornell MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35954 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 315 OF

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 316 OF 386 (check only one) Image: Check only one image: Chec
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P/	٩C		
Α.	Full Name of Individual (Last, First, Middle Initia Serna, Samuel, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 125 E. Cornell			09 / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36303
			78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
В.	Full Name of Individual (Last, First, Middle Initia Shan, Pankajkumar, , Dr.,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 2300 Solera Drive			07 07 2016
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35248 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Self employed		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_	Full Name of Individual (Last, First, Middle Initia	l) or Full C	Organization Name	
C.	Shan, Pankajkumar, , Dr., Mailing Address 2300 Solera Drive			Date of Receipt
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35601 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item
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s	UBTOTAL of Receipts This Page (optional)			200.00

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	ity ⁄lission	State TX		Zip Code 78572		Trans Amount						od	
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	ull Name of Individual (Last, First, Middle Initia Shan, Pankajkumar, , Dr.,	l) or Full O	rgai	nization Name		Date of	Rec	eipt					
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	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 500.00									
	ull Name of Individual (Last, First, Middle Initia Shuaib, Tawhid, , ,	l) or Full O	rgai	nization Name		Date of	Rec	eipt					
_	ailing Address 4000 Burns Drive	1				^M 07	/	D 07) /	Y	2016	Y]
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R	eceipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2800.00									

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	for commercial purposes, other than using the															
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Α.	Full Name of Individual (Last, First, Middle In Shuaib, Tawhid, , ,	itial) or Full C	Drgan	ization Name		Date o	of Re	eceipt								
	Mailing Address 4000 Burns Drive				07 15 2016											
	City	State		Zip Code			sact		SA11A	1.0						
	mcallen	ТХ		78503					Receipt 1							
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D.	Mailing Address 4000 Burns Drive						/	15			016					
	City	State		Zip Code		Trans	sact	ion ID :	SA11A	1.359	56	_				
	mcallen	TX		78503	_	Amour	nt of	Each F	Receipt	this F	Period					
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	Other (specify) ▼		,	3600.00												
~	Full Name of Individual (Last, First, Middle In Shuaib, Tawhid, , ,	itial) or Full C	Drgan	ization Name		Date o	of Do	ocoint								
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						09		16		2	016					
	City mcallen	State TX		Zip Code 78503					SA11A							
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	selfemployed Receipt For:		siciar			contribu	uuon									
	Primary General	Aggregate	Year	r-to-Date ▼												
	Other (specify)	L	-9-	4000.00												

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 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 Siberman, Herschel, , Dr., Date of Receipt Α. Mailing Address 609 Tulip 2016 07 07 City Zip Code State Transaction ID : SA11AI.35250 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Siberman, Herschel, , Dr., Date of Receipt Mailing Address 609 Tulip 07 15 2016 City State Zip Code Transaction ID : SA11AI.35603 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Siberman, Herschel, , Dr., Date of Receipt Mailing Address 609 Tulip MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35957 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 319 OF

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	\$	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 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 Siberman, Herschel, , Dr., Α. Date of Receipt Mailing Address 609 Tulip 1 2016 09 16 City Zip Code State Transaction ID : SA11AI.36306 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Singh, Marish, , Dr., Date of Receipt Mailing Address 3521 South M Street 07 2016 07 City State Zip Code Transaction ID : SA11AI.35252 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Singh, Marish, Dr., Date of Receipt Mailing Address 3521 South M Street MM 07 15 2016 City State Zip Code Transaction ID : SA11AI.35605 ТΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 320 OF

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 321 OF 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 11								
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Α.	Full Name of Individual (Last, First, Middle Initia Singh, Marish, , Dr.,	al) or Full C	organization Name	Date of Receipt								
	Mailing Address 3521 South M Street			08 15 2016								
	City	State	Zip Code	Transaction ID : SA11AI.35959								
	McAllen	TX	78503	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
	Self employed	phy	sician	contribution								
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	Primary General Other (specify) ▼		270.00]								
В.	Full Name of Individual (Last, First, Middle Initia Singh, Marish, , Dr.,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 3521 South M Street			09 16 2016								
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.36308 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Self employed		upation (for Individual) /sician	Memo Item contribution								
	Receipt For:	Aggregate	Year-to-Date ▼ , , , , 300.00]								
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 1501 S. Oklahoma			07 07 / Y Y Y Y 2016								
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.35253								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual)		upation (for Individual)	Contribution								
	selfemployed Receipt For:	1	sician									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00]								
s	UBTOTAL of Receipts This Page (optional)			160.00								

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Α.	Full Name of Individual (Last, First, Middle Initi Slavin, Dennis, , ,	al) or Full C	Drgar	nization Name	Date of Receipt								
	Mailing Address 1501 S. Oklahoma				07 15 / Y Y Y Y 2016								
	City	State		Zip Code	Transaction ID : SA11AI.35606								
	weslaco	TX		78596	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer (for Individual) selfemployed		upat vsicia	ion (for Individual) n	Memo Item contribution								
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	800.00									
В.	Full Name of Individual (Last, First, Middle Initi Slavin, Dennis, , ,	al) or Full C	Drgar	nization Name	Date of Receipt								
-	Mailing Address 1501 S. Oklahoma				08 15 2016								
	City	State		Zip Code	Transaction ID : SA11AI.35960								
	weslaco	ТХ		78596	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer (for Individual) selfemployed		cupat /sicia	ion (for Individual) In	Memo Item contribution								
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼									
	Other (specify) v	L	,	900.00									
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	Mailing Address 1501 S. Oklahoma	-			09 / D D / Y Y Y Y 09 16 2016								
	City weslaco	State TX		Zip Code 78596	Transaction ID : SA11AI.36309								
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual)		•	ion (for Individual)	Memo Item								
	selfemployed Receipt For:	1	sicia										
	Primary General	Aggregate	Yea	r-to-Date ▼									
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s	UBTOTAL of Receipts This Page (optional)				300.00								

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	Mailing Address P.O.Box 3302			08 15 2016							
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.35961 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) Self employed		upation (for Individual) rate investor	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
в.	Full Name of Individual (Last, First, Middle Ini Solis, Hilda, , ,	tial) or Full O	Organization Name	Date of Receipt							
	Mailing Address P.O.Box 3302			09 / D D / Y Y Y Y 16 2016							
	City	State TX	Zip Code 78502	Transaction ID : SA11AI.36310							
	McAllen FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Self employed		cupation (for Individual) /ate investor	Memo Item contribution							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) v		, 250.00								
C.	Full Name of Individual (Last, First, Middle Ini Solis, Joel, , ,	tial) or Full O	Organization Name	Date of Receipt							
	Mailing Address 405 E. Avocet			07 07 2016							
	City Mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.35255 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify)		1050.00								

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 324 OF 386 (check only one)					
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	y information copied from such Reports and Sta for commercial purposes, other than using the r								
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Α.	Full Name of Individual (Last, First, Middle Initia Solis, Joel, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 405 E. Avocet			07 / D D / Y Y Y Y 2016					
	City	State	Zip Code	Transaction ID : SA11AI.35608					
	Mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer (for Individual) self-employed		upation (for Individual) rsician	Contribution					
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	Primary General Other (specify) ▼		1200.00]					
В.	Full Name of Individual (Last, First, Middle Initia Solis, Joel, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 405 E. Avocet	08 15 2016							
	City Mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.35962 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer (for Individual) self-employed		cupation (for Individual) /sician	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00	1					
	Full Name of Individual (Last, First, Middle Initia			1					
C.	Solis, Joel, , , Mailing Address 405 E. Avocet			Date of Receipt					
	City	State	Zip Code	09 16 2016 Transaction ID : SA11AI.36311					
	Mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item					
	Receipt For:								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00]					
s	UBTOTAL of Receipts This Page (optional)			450.00					

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
A.	Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr.,	itial) or Full O	rganization Name	1	Date of	f Re	eceipt							
	Mailing Address 101 South Greenbriar				м м 07	1 ′	07) / Y		016	Y			
	City	State	Zip Code	Transaction ID : SA11AI.35256										
	McAllen	ТХ	78502	/	Amount	t of	Each F	Receipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С								400.0				
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	self-employee	phys	sician	c	ontribut	ion								
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General	, 1991 09410		11.										
	Other (specify)		2800.00											
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	Mailing Address 101 South Greenbriar				м м 07	1	D 15) / Y)16	Y			
	City	State	Zip Code		Trans	act	ion ID :	: SA11AI.35609						
	McAllen	ТХ	78502		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	cc	Montribut		o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]										
<u></u>	Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr.,	itial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 101 South Greenbriar				08	1 ′	15) / Y)16)	Y			
	City McAllen	State TX	Zip Code 78502					SA11AI. Receipt th						
	FEC ID number of contributing federal political committee.	С					y .	. ,		400.0	00			
	Name of Employer (for Individual) self-employee	Individual) Occupation (for Individual) physician					o Item							
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 3600.00												

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 326 OF 386 (check only one) ************************************							
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any p address of any political committed	erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Soto, Hector, , Dr.,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 101 South Greenbriar			09 / D D / Y Y Y Y 09 16 2016							
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.36312							
	McAllen		78302	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00]							
В.	Full Name of Individual (Last, First, Middle Initia Sreenivas, Nanjappa, , Dr.,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2610 Emerald Lake Drive			08 15 2016							
	City Harlingen	n State Zip Code TX 78550									
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) selfemployed		upation (for Individual) /sician	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
	Full Name of Individual (Last, First, Middle Initia Sreenivas, Nanjappa, , Dr.,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2610 Emerald Lake Drive			09 / 23 / Y Y Y Y 2016							
	City Harlingen	State TX	Zip Code 78550	Transaction ID : SA11AI.36314							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item							
	Receipt For:	1	Year-to-Date ▼	—							
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 327 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Sustaita, Raul, , Mr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1602 Scobey			08 / D D / Y Y Y Y 2016
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.35966 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00]
В.	Full Name of Individual (Last, First, Middle In Sustaita, Raul, , Mr.,	itial) or Full O	rganization Name	Date of Receipt
υ.	Mailing Address 1602 Scobey			09 16 2016
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.36315 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle In Swarup, Jyothi, , Dr.,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 8109 N. 1st Street			07 / D D / Y Y Y Y 07 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35260 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
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				150.00

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Primary General Other (specify) General		selfemployed	phys	sician	contribution							
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		Primary General			1							
SUBTOTAL of Receipts This Page (optional)		Other (specify)	L		1							
	s	UBTOTAL of Receipts This Page (optional)			300.00							

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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	b

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	for commercial purposes, other than using the														
$\left \right $	NAME OF COMMITTEE (In Full)														
	BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Sy, Wilson, , Dr.,	tial) or Full O	rganization Name	1	Date of	R	eceipt								
	Mailing Address 6724 N.Cynthia				м м 08	1	15) / Y	Y 20	016	Y				
	City	State	Zip Code	Transaction ID : SA11AI.35968											
	McAllen	TX	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С								25.	00				
	Name of Employer (for Individual)	Occi	pation (for Individual)		M	em	o Item								
	selfemployed	phys	sician	c	ontribut	ion	1								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General		225.00												
	Other (specify) v		220.00												
В.	Full Name of Individual (Last, First, Middle Init Sy, Wilson, , Dr.,	tial) or Full O	rganization Name		Date of	R	eceipt								
	Mailing Address 6724 N.Cynthia)16	Y				
	City	State	Zip Code		Trans	act	tion ID :	SA11AL	363 [,]	17					
	McAllen	TX	78504	/	Amount	t of	f Each R	Receipt th	is F	Period					
	FEC ID number of contributing federal political committee.	С						25.	00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	cc											
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) v		, 250.00												
— c.	Full Name of Individual (Last, First, Middle Init Tehran, Norma, , Ms,	tial) or Full O	rganization Name		Date of	; P	eceint								
0.	Mailing Address 1616 Oaks Road			1	08		/ D C)16	Y				
	City	State	Zip Code		Trans	ac	tion ID :	SA11AL		1.00					
	Edinburg	ТХ	78539		Amount	t of	Each F	Receipt th	is F	eriod					
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	Name of Employer (for Individual) selfemployed	Occu priva	Memo Item contribution												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00												
s	UBTOTAL of Receipts This Page (optional)		95 - 95 - 76C					9	_	75.0	00				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 330 OF 386 (check only one) Image: Check only one) Image: Check only one) Image: Check one)							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Tehran, Norma, , Ms,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1616 Oaks Road			09 16 / Y Y Y Y 2016							
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.36318 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		25.00							
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
В.	Full Name of Individual (Last, First, Middle Initi Tey, Alejandro, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 3012 Laurie Lane			07 07 2016							
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35263 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual) Self employed		cupation (for Individual) vsician	Contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1750.00]							
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-	Mailing Address 3012 Laurie Lane	01-1-	The Order	07 / 15 / Y Y Y Y 07							
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.35616 Amount of Each Receipt this Period							
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	Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution							
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s	UBTOTAL of Receipts This Page (optional)			525.00							

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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X 11a 11b 11c 12 **Detailed Summary Page** 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 Tey, Alejandro, , , Date of Receipt Α. Mailing Address 3012 Laurie Lane M M 1 2016 08 15 City State Zip Code Transaction ID : SA11AI.35970 Edinburg TΧ 78539 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tey, Alejandro, , , Date of Receipt Mailing Address 3012 Laurie Lane 09 16 2016 City State Zip Code Transaction ID : SA11AI.36319 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tiu, Jimmy, , Dr., Date of Receipt Mailing Address 7700 N. Cynthia MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35972 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 332 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 A. Tiu, Jimmy, , Dr.,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 7700 N. Cynthia			M M / D D / Y Y Y Y 09 16 2016
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	Memo Item
Receipt For: Primary General Other (specify) ▼	1.,	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Middle B. Trejo, Jose, , , Mailing Address 112 S. Broadway			Date of Receipt
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.35266 Amount of Each Receipt this Period
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Name of Employer (for Individual) self-employed		cupation (for Individual) vate investor	Contribution
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Full Name of Individual (Last, First, Middle C. Trejo, Jose, , , Mailing Address 112 S. Broadway	Initial) or Full C	Organization Name	Date of Receipt
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mcallen	TX	78501	Amount of Each Receipt this Period
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Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Contribution
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X 11a 11b 11c 12 14 13 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 Trejo, Jose, , , Date of Receipt Α. Mailing Address 112 S. Broadway 1 2016 08 15 City Zip Code State Transaction ID : SA11AI.35973 TΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Trejo, Jose, , , Date of Receipt Mailing Address 112 S. Broadway 09 16 2016 City State Zip Code Transaction ID : SA11AI.36322 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Turlapati, Krishna, , Dr., Date of Receipt Mailing Address 9123 1st Street MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.35268 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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	Mailing Address 9123 1st Street				07 15 2016									
	City McAllen	State TX		Zip Code 78504			A11AI.35621	iod						
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 800.00										
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	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼										
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City		State	State Zip Code						Transaction ID : SA11AI.35269											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c		12					
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	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Turley, Susan, , ,	tial) or Full C	Drganization Name	Date of Receipt											
	Mailing Address 312 Thunderbird			09 16 2016											
	City	State	Zip Code	Transaction ID : SA11AI.36326											
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В.	Full Name of Individual (Last, First, Middle Ini Twahirwa, Marcel, , ,	tial) or Full C	Drganization Name		Date o	of Re	ceipt								
	Mailing Address 2403 El Encino Drive				м м 07	/	07	/ Y		016					
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35270 Amount of Each Receipt this Period											
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	Mailing Address 2403 El Encino Drive			08 15 / Y Y Y Y 2016										
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.35977 Amount of Each Receipt this Period										
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в.	Full Name of Individual (Last, First, Middle Init Twahirwa, Marcel, , ,	ial) or Full O	Drganization Name	Date of Receipt										
	Mailing Address 2403 El Encino Drive			09 / D D / Y Y Y Y 2016										
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36327 Amount of Each Receipt this Period										
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	1										
	Full Name of Individual (Last, First, Middle Init	ial) or Full O												
C.	Uribe, Lourdes, , , Mailing Address 801 E. Nolana			Date of Receipt										
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35271 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) Self employed		cupation (for Individual) sician	Contribution										
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
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	Mailing Address 801 E. Nolana	Otata	Zin Oode	07 / D D / Y Y Y Y 2016
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35624
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Self employed	phy	vsician	contribution
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в.	Full Name of Individual (Last, First, Middle In Uribe, Lourdes, , , Mailing Address 801 E. Nolana	itial) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	08 15 2016
	McAllen	TX	78504	Transaction ID : SA11AI.35978 Amount of Each Receipt this Period
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	Name of Employer (for Individual) Self employed		cupation (for Individual) ysician	Memo Item contribution
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	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36328 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
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X 11a 11b 11c 12 **Detailed Summary Page** 14 13 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 Valladares, Theresa, , Dr., Date of Receipt Α. Mailing Address 2302 Red River Drive 2016 07 07 City State Zip Code Transaction ID : SA11AI.35272 TΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Valladares, Theresa, , Dr., Date of Receipt Mailing Address 2302 Red River Drive 07 15 2016 City State Zip Code Transaction ID : SA11AI.35625 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Valladares, Theresa, , Dr., Date of Receipt Mailing Address 2302 Red River Drive MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35979 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 340 OF 386 (check only one) 11a 11a 11b 11c 13 14 15 16									
	y information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)													
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	Mailing Address 2302 Red River Drive			7.0.1	09 / D D / Y Y Y Y 2016									
	City Mission	State TX		Zip Code 78572	Transaction ID : SA11AI.36329 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer (for Individual) selfemployed	Occi phys		tion (for Individual) an	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000.00										
В.	Full Name of Individual (Last, First, Middle Initia Vasquez, Jose, , , Mailing Address 2548 Palm Circle	al) or Full O	rga	nization Name	Date of Receipt									
	City	State		Zip Code	Transaction ID : SA11AL35101									
	rio grande city	ТХ		78582	Amount of Each Receipt this Period									
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C.	Full Name of Individual (Last, First, Middle Initia Vasquez, Jose, , ,	al) or Full O	rga	nization Name	Date of Receipt									
	Mailing Address 2548 Palm Circle				07 15 2016									
	City rio grande city	State TX		Zip Code 78582	Transaction ID : SA11AI.35626									
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	Name of Employer (for Individual) selfemployed	Occu phys	•	tion (for Individual) an	contribution									
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	FEC ID number of contributing	С				250.00												
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	Name of Employer (for Individual)	Occ		Memo Item														
	selfemployed	phy	ysicia	an		contribution												
	Receipt For:	Aggregate	Yea	ır-to-Date ▼														
	Primary General			2500.00														
	Other (specify)		,	2300.00														
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Veeramachaneni, Ravindra, , Dr.,	l) or Full C	Drga	nization Name			ate of	Pr		+								
С.	Mailing Address 4404 Santa Fabiola				\neg			ne ,				v	Y	V				
	Maining Marioso 4404 Santa Fabiola					l	08	ľ		15 15	/ Y)16	Y				
	City	State		Zip Code			Trans	act	ion I	D : \$	SA11AI	.359	81					
	Mission	TX		78572		A	mount	of	Eacl	n Re	eceipt th	nis P	eriod					
	FEC ID number of contributing	С				Г							25.0	0				
						ķ		-		-	y	-						
				ion (for Individual)		I.			o Iter	n								
	selfemployed	phys	sicia	n	contribution													
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	Primary General Other (specify)	· · · ·		225.00														
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s	UBTOTAL of Receipts This Page (optional)			••••••									525.0	0				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 342 OF 386 (check only one) ************************************										
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC												
<u>А.</u>	Full Name of Individual (Last, First, Middle Initia Veeramachaneni, Ravindra, , Dr.,	al) or Full C	rgar	nization Name	Date of Receipt									
	Mailing Address 4404 Santa Fabiola				M M / D D / Y Y Y Y 09 16 2016									
	City Mission	State TX		Zip Code 78572	Transaction ID : SA11AI.36331 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer (for Individual) selfemployed		upat sicia	tion (for Individual) an	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00										
В.	Full Name of Individual (Last, First, Middle Initia Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B	al) or Full C)rgar	nization Name	Date of Receipt									
					07 07 2016									
	City McAllen	State TX		Zip Code 78503	Transaction ID : SA11AI.35276 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual) selfemployed		upat vsicia	tion (for Individual) an	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 1750.00										
С.	Full Name of Individual (Last, First, Middle Initia Vela, Efraim, , Dr.,	al) or Full C	rga	nization Name	Date of Receipt									
	Mailing Address 100 E. Ridge Road #B	1		1	07 / D D / Y Y Y Y 2016									
	City McAllen	State TX		Zip Code 78503	Transaction ID : SA11AI.35629 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) selfemployed	Occ phys	•	ion (for Individual) n	Memo Item contribution									
_	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2000.00										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			lse separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 343 OF 386 (check only one)									
				petailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P													
A.	Full Name of Individual (Last, First, Middle Initia Vela, Efraim, , Dr.,	al) or Full C	Drgan	ization Name	Date of Receipt									
	Mailing Address 100 E. Ridge Road #B				M M / D D / Y									
	City	State		Zip Code	Transaction ID : SA11AI.35983									
	McAllen	TX		78503	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)	Memo Item									
	selfemployed	phy	/sicial	n	contribution									
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General													
	Other (specify) ▼	L	- J -	2250.00										
B	Full Name of Individual (Last, First, Middle Initia Vela, Efraim, , Dr.,	al) or Full C	Organ	ization Name	Date of Receipt									
υ.	Mailing Address 100 E. Ridge Road #B													
	The second				09 16 2016									
	City	State		Zip Code	Transaction ID : SA11AI.36333									
	McAllen	ТХ		78503	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer (for Individual) selfemployed		cupati ysicia	ion (for Individual) n	Memo Item									
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	2500.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Verdoreen, Ramiro, , ,	al) or Full C	Drgan	ization Name	Date of Receipt									
	Mailing Address 301 E. Newport				07 / D D / Y Y Y Y 2016									
	City	State		Zip Code	Transaction ID : SA11AI.35279									
	mcallen	TX		78501	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)	Memo Item									
	selfemployed	phy	vsiciar	1	contribution									
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify)		7	1400.00										
s	UBTOTAL of Receipts This Page (optional)				700.00									

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate sched for each category of Detailed Summary P	ule(s) (the	FOR LINE NUMBER: PAGE 344 OF 386 check only one) Image: state									
	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full)													
	BORDER HEALTH FEDERAL F													
Α.	Full Name of Individual (Last, First, Middle Init Verdoreen, Ramiro, , ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 301 E. Newport				07 / D D / Y Y Y Y 15 2016									
	City mcallen	State TX	Zip Code 78501		Transaction ID : SA11AI.35632 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 160	0.00										
В.	Full Name of Individual (Last, First, Middle Init Verdoreen, Ramiro, , , Mailing Address 301 E. Newport	ial) or Full O	rganization Name		Date of Receipt									
	City	State	Zip Code		08 15 2016									
	mcallen	TX	78501		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 180	0.00										
C.	Full Name of Individual (Last, First, Middle Init Verdoreen, Ramiro, , ,	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 301 E. Newport				09 16 / Y Y Y Y 2016									
	City mcallen	State TX	Zip Code 78501		Transaction ID : SA11AI.36336 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		Contribution									
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 200	0.00										
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SUBTOTAL of Receipts This Page (optional)	L		_	y		9	_	60	0.00	_
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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386

		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>							
Any information copied from such Repo														
or for commercial purposes, other than NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE		doress of any political committee	e to solicit contri		from such	commit	.ee.							
Full Name of Individual (Last, First, M A. Villalta, Carlos, , , Mailing Address P. O. Box 1632	Middle Initial) or Full O	rganization Name	Date of Receipt											
			07 07 2016											
City	State	Zip Code	Transaction ID : SA11AI.35281											
mission	ТХ	78573	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual)	Осси	upation (for Individual)	Mem	no Item										
selfemployed	phys	sician	contribution	۱										
Receipt For:	Aggregate	Year-to-Date V												
Primary General			1											
Other (specify) V		875.00												
Full Name of Individual (Last, First, M B. Villalta, Carlos, , ,	Viddle Initial) or Full O	rganization Name	Date of R	leceipt										
Mailing Address P. O. Box 1632			07	/ D D		y y 2016	Y							
City	State	Zip Code	Transac	tion ID :	SA11AI.3	5634								
mission	ТХ	78573	Amount of	f Each F	Receipt this	s Period								
FEC ID number of contributing federal political committee.	C		125.00											
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution	no Item										
Receipt For:	Aggregate	Year-to-Date 🔻												
Primary General	33 - 3 - 4		1											
Other (specify) v		1000.00	1											
Full Name of Individual (Last, First, M C. Villalta, Carlos, , ,	Middle Initial) or Full O	rganization Name	Date of R	leceipt										
Mailing Address P. O. Box 1632			M M 08	/ D D		y 2016	Y							
City	State	Zip Code	Transac	tion ID :	SA11AI.3	5988								
mission	TX	78573	Amount of	f Each F	Receipt this	s Period								
FEC ID number of contributing federal political committee.	C			y .		125.	00							
Name of Employer (for Individual)	Оссі	upation (for Individual)	Mem	no Item										
selfemployed	phys	ician	contribution											
Receipt For:	Aggregate	Year-to-Date 🔻												
Primary General		1125.00	1											
Other (specify)		1125.00	1											
SUBTOTAL of Receipts This Page (op	tional)			,		375.	00							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 346 OF 386 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini Villalta, Carlos, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address P. O. Box 1632			09 / D D / Y Y Y Y 09 16 2016									
	City mission	State TX	Zip Code 78573	Transaction ID : SA11AI.36338 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		125.00									
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	selfemployed	phy	sician	contribution									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	, iggi oguto											
	Other (specify) V		1250.00										
B	Full Name of Individual (Last, First, Middle Ini Villanueva, Rita, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 801 E. Nolana			07 07 2016									
	Suite 4	01-1-	7										
	City	State	Zip Code	Transaction ID : SA11AI.35282									
	mcallen	ТХ	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		350.00										
c.	Full Name of Individual (Last, First, Middle Ini Villanueva, Rita, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 801 E. Nolana Suite 4			07 15 2016									
	City	State	Zip Code	Transaction ID : SA11AI.35635									
	mcallen	TX	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 347 OF

386

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17											
	ny information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC													
Α.	Full Name of Individual (Last, First, Middle Initi Villanueva, Rita, , , Mailing Address 801 E. Nolana	al) or Full O	rganization Name	Date of Receipt											
	Suite 4	State	Zip Code	08 15 2016 Transaction ID : SA11AL35989											
	mcallen	TX	78504	Transaction ID : SA11AI.35989 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00												
в.	Full Name of Individual (Last, First, Middle Initi Villanueva, Rita, , , Mailing Address 801 E. Nolana	al) or Full O	rganization Name	Date of Receipt											
	Suite 4	State	Zip Code	09 16 2016 Transaction ID : SA11AI.36339											
	mcallen	ТХ	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution											
	Receipt For:	Aggregate	Year-to-Date ▼ 500,00												
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Villarreal, Carlos, , ,	al) or Full O	rganization Name	Date of Receipt											
	Mailing Address 24275 FM 490			08 15 / Y Y Y Y 2016											
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.35990 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		25.00											
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00												
s	UBTOTAL of Receipts This Page (optional)			125.00											

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 348 OF 386 (check only one) 11a 11a 11b 13 14
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ini A. Villarreal, Carlos, , ,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 24275 FM 490			09 / 16 / Y Y Y Y 2016
City	State	Zip Code	Transaction ID : SA11AI.36340
edinburg	TX	78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
selfemployed	phy	vsician	contribution
Receipt For:	1		
Primary General	Aggregate	Year-to-Date ▼	-
Other (specify) V		250.00	
Full Name of Individual (Last, First, Middle In B. Villarreal, Victor, , ,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 901 W. Moore			07 07 2016
City	State	Zip Code	Transaction ID : SA11AI.35284
pharr	ТХ	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		630.00]
Full Name of Individual (Last, First, Middle In C. Villarreal, Victor, , ,	itial) or Full C	Organization Name	Date of Receipt
Mailing Address 901 W. Moore			07 15 / Y Y Y Y 2016
City	State	Zip Code	Transaction ID : SA11AI.35637
pharr	TX	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
selfemployed		sician	contribution
Receipt For:			—
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		720.00]
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SUBTOTAL of Receipts This Page (optional)							20	0.00	,
	. Ie	and the	and the second second	"		y		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
	10		-						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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386

			Use separate schedule(s)	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
Α.	Full Name of Individual (Last, First, Middle Init Villarreal, Victor, , ,	ial) or Full O	Organization Name	Date of Receipt								
	Mailing Address 901 W. Moore			08 15 / Y Y Y Y 2016								
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.35991 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		90.00								
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
	selfemployed Receipt For:	phys	rsician	contribution								
	Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)	L	810.00									
	Full Name of Individual (Last, First, Middle Init Villarreal, Victor, , ,	ial) or Full O	Organization Name	Data of Despirit								
ь.	Mailing Address 901 W. Moore			Date of Receipt 09 16 2016								
	City	State	Zip Code									
	pharr	TX	78577	Transaction ID : SA11AI.36341 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		90.00								
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 900.00									
с.	Full Name of Individual (Last, First, Middle Init Viswamitra, Saroja, , ,	ial) or Full O	Organization Name	Date of Receipt								
	Mailing Address 101 Condor			07 / D D / Y Y Y Y 07 07 2016								
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35285								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution								
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 2400.00]									
s	UBTOTAL of Receipts This Page (optional)			580.00								
т	OTAL This Period (last page this line number of	only)		I I I I I I I I I I I I I I I I I I I								

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11	EMIZED RECEIPTS			each category of the tailed Summary Page		′ 11a		11b	11c		12					
				alled Summary Tage		13		14	15		16	17				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	_														
Α.	Full Name of Individual (Last, First, Middle Ini Viswamitra, Saroja, , ,	tial) or Full C	Drganiz	ation Name		Date o	of Re	eceipt								
	Mailing Address 101 Condor				07 15 2016											
	City	State	Z	ip Code	Transaction ID : SA11AI.35638											
	mcallen	ТХ		78504		Amoun	nt of	Each F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	С							,		400.00	J				
	Name of Employer (for Individual)	Occ	upatior	n (for Individual)		N	1emc	Item								
	selfemployed		' sician	· · · ·		contribu	ition									
	Receipt For:	Aggregate	Year-t	o-Date V												
	Primary General	, iggi oguto	- Total t		n i s											
Other (specify) V				2800.00												
в.	Full Name of Individual (Last, First, Middle Ini Viswamitra, Saroja, , ,	tial) or Full C	Organiz	ation Name		Date o	of Re	eceipt								
	Mailing Address 101 Condor					м м 08	/	D 15			2016	Y				
	City	State	Z	ip Code		Trans	sacti	on ID :	SA11A	AI.359	992	_				
	mcallen	TX		78504		Amoun	nt of	Each F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	С						-	-		400.00	C				
	Name of Employer (for Individual) selfemployed		cupation vsician	n (for Individual)	c	N N		tem								
	Receipt For:	Aggregate	Year-t	o-Date 🔻												
	Primary General				11.											
	Other (specify) v		,	3200.00												
c.	Full Name of Individual (Last, First, Middle Ini Viswamitra, Saroja, , ,	tial) or Full C	Drganiz	ation Name		Date o	of Re	eceipt								
	Mailing Address 101 Condor					09	/	D 16			2016	Y				
	City	State	Z	ip Code		Tran	sact	ion ID :	: SA11/	AI.36	342					
	mcallen	ТХ		78504		Amoun	nt of	Each F	Receipt	this	Period					
FEC ID number of contributing federal political committee.			C					400.00								
	Name of Employer (for Individual)	Occ		Memo Item												
	selfemployed		sician			Jontribu	ILION									
	Receipt For: Primary General	Aggregate	Year-t	o-Date 🔻												
	Other (specify)		-91-	3600.00]											

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 351 OF (check only one) 11a 11a 11b 13 14
			y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	AL PAC		
Full Name of Individual (Last, First, Middl Vitko, Roger, , , Mailing Address 1017 south 1st	e Initial) or Full Oi	rganization Name	Date of Receipt
City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.35286
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2550.00	
Full Name of Individual (Last, First, Middl 3. Vitko, Roger, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1017 south 1st			

	ame of Individual (Last, First, Middle) , Roger, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing	Address 1017 south 1st			07 15 2016
City		State	Zip Code	Transaction ID : SA11AI.35639
mcalle	n	ТХ	78502	Amount of Each Receipt this Period
	D number of contributing political committee.	С		400.00
Name self-em	of Employer (for Individual) ployed	Occup physi	pation (for Individual) cian	Memo Item contribution
	t For: Primary General Dther (specify) ▼	Aggregate Y	ear-to-Date ▼ 2950.00]
Full Name of Individual (Last, First, Midd Vitko, Roger, , , Mailing Address 1017 south 1st		nitial) or Full Org	anization Name	Date of Receipt
0.1				08 15 2016
City		State TX	Zip Code	Transaction ID : SA11AI.35993
mcalle	en la		78502	Amount of Each Receipt this Period
	D number of contributing political committee.	С		400.00
	of Employer (for Individual) nployed	Occup physic	pation (for Individual) Sian	Memo Item contribution
	t For: Primary General Other (specify)		ear-to-Date ▼ 3350.00]
	AL of Receipts This Page (optional).			

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 352 OF 386 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC											
Α.	Full Name of Individual (Last, First, Middle Initi Vitko, Roger, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1017 south 1st			09 16 2016									
	City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.36343 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3750.00										
в.	Full Name of Individual (Last, First, Middle Initi Walker, Raymond, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1117 Shallow apt 4			07 07 2016									
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35287 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1									
	Other (specify) ▼	L	1750.00										
с.	Full Name of Individual (Last, First, Middle Initi Walker, Raymond, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1117 Shallow apt 4			07 15 / Y Y Y Y 2016									
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.35640									
	FEC ID number of contributing		10004	Amount of Each Receipt this Period									
	federal political committee.	С		250.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Contribution									
	Receipt For:		Year-to-Date V										
	Primary General Other (specify)		2000.00										

SUBTOTAL of Receipts This Page (optional)										90	0.00	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

X 11a 11b 11c 12 **Detailed Summary Page** 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 Walker, Raymond, , , Α. Date of Receipt Mailing Address 1117 Shallow 1 2016 08 15 apt 4 City State Zip Code Transaction ID : SA11AI.35994 TΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 09 16 2016 apt 4 City State Zip Code Transaction ID : SA11AI.36344 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Webb, James, , , Date of Receipt Mailing Address 312 Redbud MM 07 07 2016 City State Zip Code Transaction ID : SA11AI.35288 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 62.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 437.50 Other (specify) 562.50 SUBTOTAL of Receipts This Page (optional).....

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

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PAGE 353 OF

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 354 OF 386 (check only one) ************************************					
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC							
Α.	Full Name of Individual (Last, First, Middle Initia Webb, James, , ,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 312 Redbud			07 15 2016					
	City	State	Zip Code	Transaction ID : SA11AI.35641					
	mcallen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		62.50					
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		500.00]					
В.	Full Name of Individual (Last, First, Middle Initia Webb, James, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 312 Redbud			08 15 2016					
	City	State	Zip Code	Transaction ID : SA11AI.35995					
	mcallen	ТХ	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		62.50					
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 562.50						
				-					
C.	Full Name of Individual (Last, First, Middle Initia Webb, James, , ,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 312 Redbud	Otata	7.0.0.1	09 / D D / Y Y Y Y 16 2016					
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.36345 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		62.50					
	Name of Employer (for Individual)		upation (for Individual) ate investor	Memo Item					
self-employed Receipt For:			Year-to-Date V						
	Primary General	, iggi oguto		-					
	Other (specify)	L	625.00						
s	UBTOTAL of Receipts This Page (optional)			187.50					

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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(check only one)

X 11a

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 Wilcox, Patrick, , , Date of Receipt Α. Mailing Address 111 Rio Grande M M 1 2016 07 07 City Zip Code State Transaction ID : SA11AI.35289 TΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Wilcox, Patrick, , , Date of Receipt Mailing Address 111 Rio Grande 07 15 2016 City State Zip Code Transaction ID : SA11AI.35642 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Wilcox, Patrick, , , Date of Receipt Mailing Address 111 Rio Grande MM 08 15 2016 City State Zip Code Transaction ID : SA11AI.35996 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 356 OF 386 (check only one) 11a 11a 11b 13 14 15 16						
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions						
	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC								
Α.	Full Name of Individual (Last, First, Middle Ini Wilcox, Patrick, , ,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 111 Rio Grande			M M / D D / Y Y Y Y 09 16 2016						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.36346 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) selfemployed Receipt For:	phy	upation (for Individual) sician Year-to-Date ▼	Memo Item contribution						
	Primary General Other (specify) ▼		1000.00]						
в.	Full Name of Individual (Last, First, Middle Ini Wilson, Teresa, , Ms,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1520 Xanthisma	07 07 2016								
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35291 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employee		upation (for Individual) estor	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]						
С.	Full Name of Individual (Last, First, Middle Ini Wilson, Teresa, , Ms,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1520 Xanthisma			07 D D / Y Y Y Y 2016						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.35644 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employee	Occi	upation (for Individual) stor	Contribution						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]						
s	UBTOTAL of Receipts This Page (optional)			200.00						

SUBTOTAL of Receipts This Page (optional)						20)	
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TOTAL This Period (last page this line number only)	L	 	-		 -	 	-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 357 OF 386 (check only one) Image: Check only one image: Ch					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P		•••						
A.	Full Name of Individual (Last, First, Middle Initia Wilson, Teresa, , Ms,	Date of Receipt							
	Mailing Address 1520 Xanthisma			08 / D D / Y Y Y Y Y 2016					
	City	State	Zip Code	Transaction ID : SA11AI.35998					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employee		upation (for Individual) estor	Contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]					
в.	Full Name of Individual (Last, First, Middle Initia Wilson, Teresa, , Ms,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 1520 Xanthisma			09 / D D / Y Y Y Y 09 16 2016					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.36348 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employee		cupation (for Individual) estor	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 500.00]					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Yanez, Sandra, , Ms,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 106 S. Alton Blvd			08 / D D / Y Y Y Y 08 15 2016					
	City Alton	State TX	Zip Code 78573	Transaction ID : SA11AI.36001 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item					
	Receipt For:	1.	Year-to-Date ▼						
	Primary General Other (specify)		225.00	1					
s	UBTOTAL of Receipts This Page (optional)			125.00					

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	(che	LINE ck only 11a 13	one		: F	c	358 12 16		386
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)					solic	iting (contril	butio	ns			
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Α.	Full Name of Individual (Last, First, Middle Initia Yanez, Sandra, , Ms,	al) or Full O	rgar	nization Name	Date of Receipt								
	Mailing Address 106 S. Alton Blvd					09 16 2016							
	City Alton	State TX		Zip Code 78573	A	Transa mount						bd	
	FEC ID number of contributing federal political committee.	С				_	-9			25.00			
	Name of Employer (for Individual) selfemployed Receipt For:	priva	ate i	ion (for Individual) nvestor	co	Me	emo I on	tem					
	Primary General Other (specify) ▼	Aggregate	Yea	rr-to-Date ▼ 250.00									
в.	Full Name of Individual (Last, First, Middle Initia Yarra, Subbarrao, , ,	al) or Full O	rgar	nization Name	C	Date of	Rece	eipt					
	Mailing Address 6905 N. Cynthia			1	07 07 2016								
	City McAllen	State TX		Zip Code 78504		Transa mount			-			bc	
	FEC ID number of contributing federal political committee.	С		_					10	0.00			
	Name of Employer (for Individual) Self-employed	Occi phys	co	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 700.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Yarra, Subbarrao, , ,	al) or Full O	rgar	nization Name		Date of	Rece	eipt					
	Mailing Address 6905 N. Cynthia City	State		Zip Code	_ [07 Transa	′ actio	15 n ID :		L.	2016 5648	Y	
	McAllen	ТХ	_	78504	Amount of Each Receipt this Pe					Perio	bd	_	
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	Name of Employer (for Individual) Self-employed	Occu phys	•	ion (for Individual) n	Contribution								
	Receipt For:	Aggregate	Yea	r-to-Date ▼ 800.00									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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386

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC										
Full Name of Individual (Last, First, Middle A. Yarra, Subbarrao, , , Mailing Address 6905 <u>N. Cynthia</u> City	e Initial) or Full O	rganization Name	Date of Receipt 08 / 15 / 2016 Transaction ID : SA11AI.36002								
McAllen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period								
Name of Employer (for Individual) Self-employed Receipt For: Primary General Other (specify) ▼	phys	upation (for Individual) sician Year-to-Date ▼ 900.00	Memo Item contribution								
Full Name of Individual (Last, First, Middle B. Yarra, Subbarrao, , , Mailing Address 6905 <u>N. Cynthia</u> City	State	Zip Code	Date of Receipt								
McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employed Receipt For: Primary General Other (specify) ▼	phy	78504 upation (for Individual) sician Year-to-Date ▼ 1000.00	Transaction ID : SA11AI.36352 Amount of Each Receipt this Period								
Full Name of Individual (Last, First, Middle C. Zaleski, Christopher, , Dr., Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt								
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	phys	upation (for Individual) sician Year-to-Date ▼ 1750.00	contribution								
SUBTOTAL of Receipts This Page (optional)	•	450.00								

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

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 360 OF (check only one) 11a X 11a 11b 11c 12 13 14 15 16								
	the name and a		person for the purpose of soliciting contributions be to solicit contributions from such committee.								
Full Name of Individual (Last, First, Middle Zaleski, Christopher, , Dr., Mailing Address 6804 N. 1st	e Initial) or Full O	rganization Name	Date of Receipt								
City	State	Zip Code	Transaction ID : SA11AI.35649								
mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	phys	78504 Upation (for Individual) sician Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 250.00 Memo Item contribution								
Full Name of Individual (Last, First, Middle Zaleski, Christopher, , Dr., Mailing Address 6804 N. 1st	State	Zip Code	Date of Receipt								
mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed		upation (for Individual)	Amount of Each Receipt this Period								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00									

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zaleski, Christopher, , Dr.,

Mailing Address 6804 N. 1st			M M / D D / Y Y Y Y 09 16 2016
City	State	Zip Code	Transaction ID : SA11AI.36353
mcallen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	physici	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		▶	750.00
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Date of Receipt
SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	nmercial purposes, other than using the																
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\rangle bor	DER HEALTH FEDERAL	PAC															
Eull Na	me of Individual (Last, First, Middle I	nitial) or Full O	ragnization Name														
	ta, Hugo, , ,		Iganization Name		Date o	f Re	ceipt										
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	onumber of contributing political committee.	С		400.00													
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	me of Individual (Last, First, Middle I	nitial) or Full O	rganization Name		_												
	ita, Hugo, , ,			- !	Date o	_	ceipt	_									
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City		State	Zip Code			acti	15 on ID · S	SA11AI.3									
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federal	political committee.	С			_				400.0	JU							
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	Primary General Other (specify) v		3200.00														
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c. Zapa	ata, Hugo, , ,	,			Date o	f Re	ceipt										
Mailing	Address 316 Xenops				M	/	D D	/ Y	Y Y	Y							
City		State	Zip Code	_	08 Tran	sacti	15 on ID - 9	SA11AI.3	2016								
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	political committee.	С					y		400.0	00							
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s)	-	R LINE eck on		JMBER ne)	: PAG	ЭЕ 3	362 OF	386
	EWIZED RECEIPTS		for each category of the Detailed Summary Page	>	1 1a		11b	11c		12	
					13		14	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC									
Α.	Full Name of Individual (Last, First, Middle Ini Zapata, Hugo, , ,	tial) or Full (Organization Name		Date o	f Re	eceipt				
	Mailing Address 316 Xenops				м м 09	/	D 16			016	Y
	City	State	Zip Code	_			a second s	SA11A	1	den de la	
	mcallen	TX	78504								
	FEC ID number of contributing federal political committee.	С						Receipt t	nis F	400.0	0
	Name of Employer (for Individual)	Occ	cupation (for Individual)		М	lemo	o Item				
	selfemployed	phy	ysician	c	ontribu	tion					
	Receipt For:		e Year-to-Date ▼								
	Primary General	riggrogato		- L.							
	Other (specify) V	L	4000.00	4							
в.	Full Name of Individual (Last, First, Middle Ini Zavala-Spinetti, Livania, , Dr.,	tial) or Full (Organization Name		Date o	f Re	eceipt				
	Mailing Address 109 E Cornell				м м 08	/	15			016 016	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AI	.360	05	
	McAllen	ТХ	78502		Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С								25.0	0
	Name of Employer (for Individual) selfemployed		cupation (for Individual) If-employee physician	c	Montribut		o Item				
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		, 225.00]							
с.	Full Name of Individual (Last, First, Middle Ini Zavala-Spinetti, Livania, , Dr.,	tial) or Full (Organization Name		Date o	f Re	eceipt				
•	Mailing Address 109 E Cornell				M M 09		16			016	Y
	City	State	Zip Code		Trans	sact	ion ID :	SA11A	1.363	55	_
	McAllen	ТХ	78502		Amoun	t of	Each F	Receipt t	his F	'eriod	
	FEC ID number of contributing federal political committee.	С					,	.,		25.0	0
	Name of Employer (for Individual)	Occ	cupation (for Individual)		N	lemo	o Item				
	selfemployed		f-employee physician	0	contribu	tion					
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify)	, iggi ogalo	250.00	ור							
			-gp	- 1							

SUBTOTAL of Receipts This Page (optional)		y		,	450	0.00	
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	CHEDULE A (FEC Form 3X)		Use separate so for each catego	chedule(s)	FOR LINE NUMBER: PAGE 363 OF 386 (check only one)
			Detailed Summa		✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Α.	Full Name of Individual (Last, First, Middle Initia Zayed, Fuad, , Dr.,	al) or Full C	Organization Name		Date of Receipt
	Mailing Address 1425 Sweet Lane				07 07 / Y Y Y Y 07 07 2016
	City	State TX	Zip Code		Transaction ID : SA11AI.35299
	Edinburg		78539		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			75.00
	Name of Employer (for Individual)	Occ	upation (for Individu	ial)	Memo Item
	selfemployed	phy	sician		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General			F2F 00	
	Other (specify) v	<u> </u>		525.00	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name		
в.	Zayed, Fuad, , Dr.,				Date of Receipt
	Mailing Address 1425 Sweet Lane	Ctoto	Zin Codo		07 15 2016
	City Edinburg	State TX	Zip Code 78539		Transaction ID : SA11AI.35652 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			75.00
	Name of Employer (for Individual) selfemployed		upation (for Individu vsician	ial)	Memo Item contribution
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		4	600.00	
<u></u> .	Full Name of Individual (Last, First, Middle Initia Zayed, Fuad, , Dr.,	al) or Full C	Organization Name		Date of Receipt
	Mailing Address 1425 Sweet Lane	1			08 / D D / Y Y Y Y 08 15 2016
	City	State TX	Zip Code 78539		Transaction ID : SA11AI.36006
	Edinburg		78559		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			75.00
	Name of Employer (for Individual)	Occ	upation (for Individu	ial)	Memo Item
	selfemployed	phys	sician		contribution
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify)		 .ga 1 1 .ga 1	675.00	
s	UBTOTAL of Receipts This Page (optional)				225.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Jse separate schedule(s) or 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		
	y information copied from such Reports and Sta for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC			
Α.	Full Name of Individual (Last, First, Middle Initi Zayed, Fuad, , Dr.,	al) or Full C	Orgar	nization Name	Date of Receipt
	Mailing Address 1425 Sweet Lane				09 16 / Y Y Y Y Y 09 16 2016
	City	State		Zip Code	Transaction ID : SA11AI.36356
	Edinburg	TX		78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			75.00
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	Memo Item
	selfemployed	phy	sicia	n	contribution
	Receipt For:	Aggregate	Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		-9-	750.00	
_	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Drgar	nization Name	
В.	Mailing Address				Date of Receipt
	Maining Address				
	City	State		Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date V	
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Orgar	nization Name	Date of Receipt
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	City	State		Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date V	
s	UBTOTAL of Receipts This Page (optional)				75.00

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	CHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)				E NUMBER: PAGE 365)F 386
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C	X	oniy 21b 28a	one) 22 28t		23 28c		26 29		27 30b	
	ny information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С												
Α.	Full Name (Last, First, Middle Initial) Boys & Girls Club of McAllen						Date		isburs	em		(• Y	Ý	Ŷ
	Mailing Address P.O. Box 577						09		(01		_2	016	
	City McAllen	State TX	Zip Code 78505				_	ldent	ificatio	on I	Numbe	r	_	
	Purpose of Disbursement donation			C)12	1	C	rans	actior	ו ID) : SB2	1B.3	6416	
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	Senate President	ement For: Primary Other (spec	General cify) ▼					1emo	Item		<u> </u>		500.0	
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B.	Escamilla, Sandra, , Ms,						Date		isburs			Y	Y	Y
	Mailing Address 1418 Quince						07			08			016	
	City McAllen	State TX	Zip Code 78504				-	ldent	ificatio	on I	Numbe	r	_	
	Purpose of Disbursement contract services - salary expenditure Candidate Name			Cat	001 egory	,					: SB2 isburse	-		Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	1	уре				- y -				713.2	7
	State: District:		Siry)				N	1emo	Item					
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	Mailing Address 1418 Quince						07			26			016	
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	Candidate Name			Cat)01 egory ype	,) : SB2 isburse			Period
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	UBTOTAL of Disbursements This Page (optional).					_	E	-				-	8926.5	55

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)				IE NUMBER: PAGE 366 nly one)						366 C)F 38
ITEMIZED DISBURSEMENTS		category of the Summary Page	1 ` _	X 2	1b 8a	22 28b		23 28c		26 29	F	27 30b	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC												
Full Name (Last, First, Middle Initial) A. Escamilla, Sandra, , Ms,						Date o	_	_	em		Y	Ý	Y
Mailing Address 1418 Quince						08		(05		2	016	
City McAllen Purpose of Disbursement	State TX	Zip Code 78504				FEC Id	enti	ficatic	on	Numbe	er	-	
contract services - salary expenditure Candidate Name			00 Cateo]	C Tra Amoun				D : SB			Period
Senate	sement For: Primary	General	Тур					,		- 7		713.2	8
State: District:	Other (spe	cify) 🔻				Me	emo	Item					
Full Name (Last, First, Middle Initial) B. Escamilla, Sandra, , Ms,						Date o	_	sburs	-			Y	V
Mailing Address 1418 Quince						08	ĺ		19			2016	T
City McAllen	State TX	Zip Code 78504				FEC Id	enti	ficatio	on	Numbe	er	_	
Purpose of Disbursement contract services - salary expenditure Candidate Name		[00 Cated		1	C Tra Amoun				D : SB2			Period
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General Cify)	Тур	be		Me	emo	, Item				713.2	7
Full Name (Last, First, Middle Initial) C- Escamilla, Sandra, , Ms,						Date o	_	sburs			Y	/ Y	Y
Mailing Address 1418 Quince						09	1	(02	11	2	016	
City McAllen Purpose of Disbursement contract services - salary expenditure	State TX	Zip Code 78504	00)1	1	FEC Id							
Candidate Name			Categ Typ			Amoun				D : SB:)isburs			Period
Senate	sement For: Primary	General				<u> </u>		,		-		713.2	7
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CHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)	-		NUMBER: PAGE 367 ly one)						
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check		22 28b		23 28c	26 29	27 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)	С										
Full Name (Last, First, Middle Initial) • Escamilla, Sandra, , Ms,					Date of	f Disl	bursei	_	Y Y Y Y		
Mailing Address 1418 Quince					09		16		2016		
City McAllen	State TX	Zip Code 78504			FEC Id	entifi	cation	Numbe	er		
Purpose of Disbursement contract services - salary expenditure Candidate Name			001 Categor						21B.36376 ement this Perio		
Office Sought: House Disburse	ement For:	Gonoral	Туре	y/					713.29		
State: District:	Primary Other (spe	General cify) ▼			Me	mo l	tem				
Full Name (Last, First, Middle Initial) Escamilla, Sandra, , Ms,					Date of	f Disl	burse		Y Y Y Y		
Mailing Address 1418 Quince					09	1	30		2016		
City McAllen	State TX	Zip Code 78504			FEC Id	entifi	cation	Numbe	er		
Purpose of Disbursement contract services - salary expenditure Candidate Name			001						21B.36377		
			Categor Type	y/	Amount	t of E	Each	Disburse	ement this Perio		
Senate President	ement For: Primary Other (spe	General Cify)			Ме	mo l	tem		713.27		
State: District: Full Name (Last, First, Middle Initial)											
Gonzales-Leal, Nicole, , ,					Date of	f Disl	burse		Y Y Y Y		
Mailing Address 2401 W. Rhin Drive					07		08	3	2016		
City Edinburg Purpose of Disbursement contract services - salary expenditures	State TX	Zip Code 78539		_	FEC Id	entifi	cation	Numbe	er		
Candidate Name			001 Categor Type	y/				-	21B.36378 ement this Perio		
Senate	Primary	General			L			-	805.93		
State: District:	Other (spe	cify) ▼			Me	mo l	tem				
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	-									368 O	F 3
TEMIZED DISBURSEMENTS	for each	category of the	1 ` _	eck or	· _	one) 22		23	Г	26		27	
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or for commercial purposes, other than using the na	ime and add	ress of any politica	al comn	nittee	to s	olicit co	ontrit	oution	s fi	rom su	ch c	ommitte	e.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C												
Full Name (Last, First, Middle Initial) Gonzales-Leal, Nicole, , ,						Date o	of Di	sburs	em	ent			
Mailing Address 2401 W. Rhin Drive					-	M M	/		D 22	1		016	Y
City	State TX	Zip Code 78539				FEC lo	lenti	ficatio	on I	Numbe	r		
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contract services - salary expenditures			00	1			anci	action	<u>л</u> IГ) : SB2	101	6370	
Candidate Name			Categ									t this P	eriod
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Full Name (Last, First, Middle Initial)						Date o	of Di	sburs	em	ent			
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City Edinburg	State TX	Zip Code 78539				FEC lo	lenti	ficatio	on I	Numbe	r		
Purpose of Disbursement contract services - salary expenditures			00	1		С							
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Full Name (Last, First, Middle Initial) Gonzales-Leal, Nicole, , ,						Date o	of Di	sburs	em	ent			
Mailing Address 2401 W. Rhin Drive					-	м м 08	/		19	1		016	Y
City	State	Zip Code					_	_	_		-		
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SCHEDULE B (FEC I ITEMIZED DISBURSE	-		arate schedule(s) category of the	(che	eck on	ly or		:				AGE	369 OI	= 386
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	EDERAL PA	NC												
Full Name (Last, First, Middle A. Gonzales-Leal, Nico	le, , ,						Date of	_	sburse		ent	Y Y	Y	7
Mailing Address 2401 W. Rhin	Drive	1					09		0)2		_ 20	016	
City Edinburg		State TX	Zip Code 78539				FEC Id	enti	ficatio	n N	lumbe	er	_	
Purpose of Disbursement contract services - salary expe Candidate Name	enditures			001 Categ	- H		C Tra				: SB2	-		eriod
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TOTAL This Period (last page the	nis line number onl	y)			►				,		, ,			

SCHEDULE B (FEC Form 3X)							NUMBEF	ER: PAGE 370 OF 386						
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			ck only one)					27			
			Summary Page			21b 28a	22 28b		23 28c	╞	26	-	30b	
	y information copied from such Reports and State													
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and addr	less of any politica	ai con	innitt	iee to	SUIICIT C	JUITIL	Jutions	s fr	orn su	CU C	ommitte	ee.
$ \rangle$	BORDER HEALTH FEDERAL PA	С												
<u> </u>	Full Name (Last, First, Middle Initial)													
Α.	Internal Revenue Services	rvices						Date of Disbursement						
	Mailing Address 324 25th Street						07 06 2016							
	City Odgen	State UT	Zip Code 84401				FEC Identification Number							
	Purpose of Disbursement quarterly tax deposits - IRS			001			С							
	Candidate Name			Cate	-	v/	Transaction ID : SB21B.36370 Amount of Each Disbursement this Period					Period		
		ment E			ype	,								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec				7496.93				3				
	State: District:	Other (spec	city) 🔻				M	emo	Item					
	Full Name (Last, First, Middle Initial)													
В.	Internal Revenue Services						Date			-	ent			
	Mailing Address 324 25th Street							07 22 2016					Y	
	City	State Zip Code UT 84401					FEC I	denti	ificatio	n N	Numbe	r		
	Odgen Purpose of Disbursement	UT 84401					С							
	quarterly tax deposits - IRS		001					ansa	action	ID	: SB2	1B.3	6401	
	Candidate Name			Category/ Type			Amou	nt of	Each	Di	sburse	men	t this F	Period
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С.	Internal Revenue Services						Date	_	spurse			Y Y	Y	Y
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SCHEDULE B (FEC Form 3X)				FOR LINE I	NE NUMBER: PAGE 371 OF 386				
ITEMIZ	ZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	one)				
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or for con	mmercial purposes, other than using the na								
	E OF COMMITTEE (In Full) RDER HEALTH FEDERAL PA	C							
	ame (Last, First, Middle Initial)				Date of Disburgement				
A. Jass	so, Prisylla, , Ms,		Date of Disbursement						
Mailing	g Address 213 Quail Court				07 08 2016				
City McAlle	-	State TX	Zip Code 78502		FEC Identification Number				
	se of Disbursement act services - salary expenditure			004	С				
	date Name			001	Transaction ID : SB21B.36385				
Sandi				Category/ Type	Amount of Each Disbursement this Period				
Office		ment For:			1368.82				
	Senate President	Primary Other (spec	General						
State:		Other (spec	city) 🔻		Memo Item				
Full N	ame (Last, First, Middle Initial)								
B. Jas	so, Prisylla, , Ms,				Date of Disbursement				
Mailing	g Address 213 Quail Court		M M / D D / Y						
City		State TX	Zip Code 78502		FEC Identification Number				
McAlle Purpos	en se of Disbursement								
	ract services - salary expenditure		001	C Transaction ID : SB21B.36386					
Candio	date Name			Category/ Type	Amount of Each Disbursement this Period 1368.83				
Office	Sought: House Disburse	ment For:							
	Senate President	Primary Other (anal	General						
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Full N	ame (Last, First, Middle Initial)								
C. Jass	so, Prisylla, , Ms,				Date of Disbursement				
Mailing	g Address 213 Quail Court				M M / D D / Y				
City		State	Zip Code		FEC Identification Number				
McAlle	en se of Disbursement	ТХ	78502						
	act services - salary expenditure			001	C				
Candio	date Name			Category/ Type	Transaction ID : SB21B.36387 Amount of Each Disbursement this Period				
Office	Sought: House Disburse	ment For:	I	71 ²	1368.83				
	Senate	Primary	General						
State:	District:	Other (spec	city) 🔻		Memo Item				
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 372 OF 386			
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Any information copied from such Reports and State	ments may	not be sold or use					
or for commercial purposes, other than using the na							
	~						
BORDER HEALTH FEDERAL PA	C						
Full Name (Last, First, Middle Initial)							
A. Jasso, Prisylla, , Ms,				Date of Disbursement			
Mailing Address 213 Quail Court				08 19 2016			
				2010			
City	State	Zip Code		FEC Identification Number			
McAllen Purpose of Disbursement	ТХ	78502		\mathbf{C}			
contract services - salary expenditure			001	C Transaction ID : SB21B.36388			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		Туре	1368.84			
Senate	Primary	General					
President	Other (spec	cify) 🔻		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) B. Jasso, Prisylla, , Ms,				Date of Disbursement			
Mailing Address 213 Quail Court				09 02 2016			
City McAllen	State TX	Zip Code 78502		FEC Identification Number			
Purpose of Disbursement	1/1	10302		С			
contract services - salary expenditure			001	Transaction ID : SB21B.36389			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:		Туре	1368.83			
Senate	Primary	General					
State: District:	Other (spec	cify)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Jasso, Prisylla, , Ms,				Date of Disbursement			
· · · · · ·				M M / D D / Y Y Y Y			
Mailing Address 213 Quail Court				09 16 2016			
City	State	Zip Code		FEC Identification Number			
McAllen Purpose of Disbursement	ТХ	78502					
contract services - salary expenditure			001	C			
Candidate Name			Category/	Transaction ID : SB21B.3639(Amount of Each Disbursement this Period			
			Туре	1269.02			
Office Sought: House Disburse	ment For: Primary	General		1368.83			
President	Other (spec			Memo Item			
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	_		_	4106.50			
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SCHEDULE B (FEC Form 3X)				FOR LINE	NUMBER: PAGE 373 OF 386				
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		Detailed	Summary Page	28a	28b 28c 29 30b				
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\backslash	NAME OF COMMITTEE (In Full)								
$ \rangle$	BORDER HEALTH FEDERAL PA	С							
<u>د</u>	Full Name (Last, First, Middle Initial)								
Α.	Jasso, Prisylla, , Ms,	Date of Disbursement							
	Mailing Address 213 Quail Court				09 / 09 / 09 / 09 / 09 / 09 / 00 / 00 /				
	City McAllen	State TX	Zip Code 78502		FEC Identification Number				
	Purpose of Disbursement		10002		С				
	contract services - salary expenditure			001	Transaction ID : SB21B.36391				
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	0	ment For:	L	71	1368.83				
	Senate President	Primary Other (spe	General						
	State: District:	other (spe	uny) ▼		Memo Item				
_	Full Name (Last, First, Middle Initial)								
В.	Long Chilton LLP		Date of Disbursement						
	Mailing Address 4100 N. 23rd	07 08 2016							
	City		FEC Identification Number						
	McAllen Purpose of Disbursement		С						
	paysmart payroll services			001	Transaction ID : SB21B.36392				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:		Туре	16.24				
	Senate	Primary	General						
	State: District:	Other (spe	cify)		Memo Item				
_	Full Name (Last, First, Middle Initial)								
C.	Long Chilton LLP				Date of Disbursement				
	Mailing Address 4100 N. 23rd				07 / D D / Y Y Y Y 22 / 2016				
	City	State	Zip Code		FEC Identification Number				
	McAllen Purpose of Disbursement	ТХ	78504						
	paysmart payroll services			001	C				
	Candidate Name			Category/ Type	Transaction ID : SB21B.3639: Amount of Each Disbursement this Period				
		ment For:			16.24				
	Senate President	Primary Genera Other (specify) v							
	State: District:	Other (spe	city) 🔻		Memo Item				
					4404.04				
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A. Long	ame (Last, First, Middle Initial) g Chilton LLP							Date of Disbursement				Y				
	g Address 4100 N. 23rd										05	5		2	2016	
City McAlle	n	State TX	Zip Code 78504					FEC I	dent	ifica	tion	۱N	lumbe	er	-	
paysr	se of Disbursement nart payroll services date Name			001 Category/											36394 It this P	eriod
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State:	District:	Other (specif	y) 🔻					Μ	lemo	Ite	m					
B. Long	Full Name (Last, First, Middle Initial) 3- Long Chilton LLP						Date of Disbursement			Y						
	g Address 4100 N. 23rd							08			19	9		2	2016	
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	late Name	Cate				ry/	Transaction ID : SB21B.36395 Amount of Each Disbursement this Period									
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City McAlle Purpos		State TX	Zip Code 78504						dent	ifica	ition	۱N	lumbe	er	-	
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SCHEDULE B (FEC Form 3X)		FOR LINF	E NUMBER: PAGE 375 OF 386				
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NAME OF COMMITTEE (In Full)							
BORDER HEALTH FEDERAL PAG	C						
Full Name (Last, First, Middle Initial)			Date of Diaburcoment				
A. Long Chilton LLP			Date of Disbursement				
Mailing Address 4100 N. 23rd			09 16 / YEYEYEY 2016				
5	State Zip Code		FEC Identification Number				
McAllen Purpose of Disbursement	TX 78504		<u> </u>				
paysmart payroll services		001	C				
Candidate Name		Category/	Transaction ID : SB21B.36397 Amount of Each Disbursement this Period				
Office Cought	mant Fau	Туре	16.24				
Office Sought: House Disburser Senate	ment For: Primary General		10.24				
President	Other (specify)		Memo Item				
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Full Name (Last, First, Middle Initial)							
B. Long Chilton LLP			Date of Disbursement				
Mailing Address 4100 N. 23rd	09 / 0 / Y Y Y Y 2016						
City McAllen	State Zip Code TX 78504		FEC Identification Number				
Purpose of Disbursement paysmart payroll services	001	С					
Candidate Name		Category/ Type	Transaction ID : SB21B.36398 Amount of Each Disbursement this Period				
Office Sought: House Disburser Senate President	ment For: Primary General		22.24				
State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
c. TBK			Date of Disbursement				
Mailing Address 2603 Augusta Drive Suite 500			M M / D D / Y				
City	State Zip Code		FEC Identification Number				
Houston	TX 77057		C				
Purpose of Disbursement contract services - tax returns	Purpose of Disbursement contract services - tax returns 001						
Candidate Name		Category/	Transaction ID : SB21B.3640: Amount of Each Disbursement this Period				
Office Sought: House Disburser Senate	ment For:		595.00				
President	Primary General Other (specify) ▼						
State: District:	······································		Memo Item				
SUBTOTAL of Disbursements This Page (optional)		••••••	633.48				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Full Name (Last, First, Middle Initial) A. Water Tower Village			Date of Disbursement				
Mailing Address 52211 N. McColl Road			07 22 2016				
City McAllen	StateZip CodeTX78504		FEC Identification Number				
Purpose of Disbursement office lease expenditure Candidate Name		001	C Transaction ID : SB21B.36399				
	ment For:	Category/ Type	Amount of Each Disbursement this Period 1331.25				
Senate President	Primary General Other (specify) ▼		Memo Item				
State: District: Full Name (Last, First, Middle Initial) B. Water Tower Village	Name (Last, First, Middle Initial)						
Mailing Address 52211 N. McColl Road							
City McAllen	State Zip Code TX 78504		FEC Identification Number				
Purpose of Disbursement office lease expenditure		001	C Transaction ID : SB21B.36400				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		1331.25				
State: District:			Memo Item				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Mailing Address							
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Purpose of Disbursement			С				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAG	С						
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Mailing Address 499 S. CAPITOL STREET, SW SUITE 422			09 13 2016				
WASHINGTON	StateZip CodeDC20003		FEC Identification Number				
Purpose of Disbursement contribution Candidate Name		011	C C00584805 Transaction ID : SB23.36418				
		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President	ment For: 2016 Primary		5000.00				
State: District:			Memo Item				
Full Name (Last, First, Middle Initial) B- BOYLE, BRENDAN F, , ,			Date of Disbursement				
Mailing Address PO BOX 11545							
City PHILADELPHIA	State Zip Code PA 19116		FEC Identification Number				
Purpose of Disbursement contribution		011	С нараларов со				
Candidate Name BOYLE, BRENDAN F, , ,		Category/ Type	Transaction ID : SB23.36420 Amount of Each Disbursement this Period				
	ment For: 2016 Primary X General Other (specify)		5000.00				
State: PA District: 13	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Mailing Address 8217 E GREGORY BLVD			08 / D D / Y Y Y Y 01 2016				
City KANSAS CITY	StateZip CodeMO64133		FEC Identification Number				
Purpose of Disbursement contribution Candidate Name		011	C H4MO05234 Transaction ID : SB23.36413				
CLEAVER, EMANUEL II, , ,	ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 5000.00				
State: MO District: 05	Primary General Other (specify) ▼		Memo Item				
SUBTOTAL of Disbursements This Page (optional)		····· •	15000.00				
TOTAL This Period (last page this line number only							

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:

S	CHEDULE B (FEC Form 3X)			FOR LINE I	OR LINE NUMBER: PAGE 379 OF 386					
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	y information copied from such Reports and State for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C								
Α.	Full Name (Last, First, Middle Initial) CLEAVER, EMANUEL II, , ,				Date of Disbursement					
	Mailing Address 8217 E GREGORY BLVD				08 15 2016					
	KANSAS CITY	State MO	Zip Code 64133		FEC Identification Number					
	Purpose of Disbursement contribution			011	C H4MO05234 Transaction ID : SB23.36411					
	Candidate Name CLEAVER, EMANUEL II, , ,			Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: X House Disburse Senate President	ment For: 2 Primary Other (spec	X General		5000.00					
	State: MO District: 05		,,, v		Memo Item					
B.	Full Name (Last, First, Middle Initial) DEFENSE, ECONOMIC RENEWAL, EDU	CATION A	ND KNOWLED	GE PAC	Date of Disbursement					
	Mailing Address 119 1ST AVE S SUITE 320				09 14 2016					
	SEATTLE	State WA	Zip Code 98104		FEC Identification Number					
	Purpose of Disbursement contribution Candidate Name			011	C C00531632 Transaction ID : SB23.36422 Amount of Each Disbursement this Period 5000.00					
	Office Sought: House Disburse	ment For: 2	2016	Category/ Type						
	State: District:	Primary Other (spec	x General		Memo Item					
С.	Full Name (Last, First, Middle Initial) GREAT LAKES PAC				Date of Disbursement					
	Mailing Address 700 13TH STREET NW SUITE 600				09 / D D / Y Y Y Y Y 01 2016					
	WASHINGTON	State DC	Zip Code 20005		FEC Identification Number					
	Purpose of Disbursement contribution Candidate Name			011 Category/	C C00375584 Transaction ID : SB23.36417 Amount of Each Disbursement this Period					
	Office Sought: House Disbursement F			Туре	5000.00					
	State: District:	Primary Other (spec	~		Memo Item					
s	UBTOTAL of Disbursements This Page (optional).				15000.00					
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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:

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Full Name (Last, First, Middle Initial) A. KILMER, DEREK, , , Mailing Address PO BOX 1381				Date of Disbursement			
Senate	WA 98 sement For: 2016 Primary X	General	011 Category/ Type	C H2V Transa	fication Number WA06129 Inction ID : SB23.36421 Each Disbursement this 5000.0	_	
State: WA District: 06 Full Name (Last, First, Middle Initial) B. LATINO LEADERS FOR EQUALITY GROWTH CHANGE (LLEGO-PAC) Mailing Address 1050 17TH ST NW STE 590	WA District: 06 me (Last, First, Middle Initial) D LEADERS FOR EQUALITY GROWTH OPPORTUNITY PROGRESSIVE A GE (LLEGO-PAC)				Date of Disbursement		
City WASHINGTON Purpose of Disbursement contribution Candidate Name	· · · ·		011 Category/ Type	FEC Identif	fication Number 1576975 Iction ID : SB23.36425 Each Disbursement this 5000.0	_	
Full Name (Last, First, Middle Initial) C. MOULTON, SETH, , , Mailing Address PO BOX 2013 City SALEM Purpose of Disbursement		0 Code 9170		sbursement 14 / 2016 fication Number MA06090	Ŷ		
contribution Candidate Name MOULTON, SETH, , , Office Sought: x House Disbur Senate President Image: Contribution State: MA District: 06	sement For: 2016 Primary x Other (specify)	General	011 Category/ Type	Transa	action ID : SB23.36423 Each Disbursement this 5000.0		
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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:

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or	for commercial purposes, other than using the name	ne and addr	ess of any politic	al committee to	solicit contributions from such committee.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	2								
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Α.	Full Name (Last, First, Middle Initial) READY TO WORK PAC				Date of Disbursement					
					M M / D D / Y Y Y					
	Mailing Address 4412 ALMEDA ROAD				07 28 2016					
	,	State TX	Zip Code		FEC Identification Number					
	HOUSTON Purpose of Disbursement		77004		C C00613018					
	contribution			011	Transaction ID : SB23.36410					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	Office Sought: House Disburser	ment For: 2016			5000.00					
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_	Full Name (Last, First, Middle Initial)									
Β.	SERVE AMERICA PAC				Date of Disbursement					
	Mailing Address PO BOX 2013	dress DO DOV 2012								
					09 19 2016					
	City SALEM S	State MA	Zip Code 01970		FEC Identification Number					
	Purpose of Disbursement	011			C C00571174					
	contribution Candidate Name				Transaction ID : SB23.36424					
				Category/ Type	Amount of Each Disbursement this Period					
		nent For: 2		-	5000.00					
	President	Primary Other (spec	General							
	State: District:		,,		Memo Item					
~	Full Name (Last, First, Middle Initial)									
U.	STABENOW, DEBBIE, , ,				Date of Disbursement					
	Mailing Address 7143 STEEPLE CHASE				08 25 2016					
	5	State	Zip Code		FEC Identification Number					
	LANSING Purpose of Disbursement	MI	48917		C S8MI00281					
	contribution			011	Transaction ID : SB23.36414					
	Candidate Name STABENOW, DEBBIE, , ,		Category/ Type	Amount of Each Disbursement this Period						
		nent For: 2	.018	1,960	5000.00					
	Senate President	Primary Othor (spor	General							
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t or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) STABENOW, DEBBIE, , , Mailing Address 7/143 STEEPLE CHASE City STABENOW, DEBBIE, , , City State: MI Distursement For: 2018 Last First, Middle Initial) VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC Mailing Address ONE PARK ROW 5TH FLOOR City FROVIDENCE Full Name (Last, First, Middle Initial) Catagory City Full Name (Last, First, Middle Initial) VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC Mailing Address City Full Name (Last, First, Middle Initial) City From State: Disbursement Contribution Catagory City Full Name (Last, First, Middle Initial) Extract Candidate Name City Full Name (Last, First, Middle Initial) Catagory City Full Name (Last, First, Middle Initial) Extract Candidate Name City Full Name (Last, First, Middle Initial) Catagory City Catagory City Full Name (Last, First, Middle Initial) Catagory City Cata		for each o	category of the	21b	22 🗶 23 🗌 26 🗌 27				
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STABENOW, DEBBLE, , , , , , , , , , , , , , , , , , ,		C							
Mailing Address 7/143 STEEPLE CHASE 08 25 2016 City LANSING State MI Zip Code 48917 FEC Identification Number City Consider Name Candidate Name 011 FEC Identification Number STABENOW, DEBBIE, , , Office Sought Indust President 011 X Senate Disbursement For: 2018 Fec Identification Number VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC Date of Disbursement Mailing Address ONE PARK ROW 5TH FLOOR Date of Disbursement City PROVIDENCE State Zip Code RI 226 2016 Pripose of Disbursement contribution Catify President State Zip Code 02803 FEC Identification Number City Prupose of Disbursement contribution Catify President State Zip Code 02803 FEC Identification Number City Prupose of Disbursement contribution Catify President Mailing Address Date of Disbursement this Perio City Prupose of Disbursement State Zip Code FEC Identification Number City Prupose of Disbursement State Zip Code FEC Identification Number City Prupose of Disbursement State Zip Code FEC I	Full Name (Last, First, Middle Initial) • STABENOW, DEBBIE, , ,								
LANSING MI 48917 Purpose of Disbursement 011 Candidate Name 011 STABENOW, DEBBIE, , , 011 Office Sought: Nount of Each Disbursement this Perio Transaction D : 5823.56415 Amount of Each Disbursement this Perio Office Sought: Nersident VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC Mailing Address ONE PARK ROW 5TH FLOOR City State President 2ip Code President 0111 Candidate Name 0111 City State President Distorsement Office Sought: House Distore Distoresement City State President Other (specify) State: Distoresement City State Disbursement For: <td>Mailing Address 7143 STEEPLE CHASE</td> <td colspan="6"></td>	Mailing Address 7143 STEEPLE CHASE								
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Category/ Type Category/ Type Amount of Each Disbursement this Perio Office Sought: House President Disbursement For: 2018 Primary General Other (specify) ▼ Amount of Each Disbursement this Perio State: Mi District: 00 Memo Item Full Name (Last, First, Middle Initial) VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC Date of Disbursement Mailing Address ONE PARK ROW 5TH FLOOR Date of Disbursement Disbursement City State Zip Code RI 011 FEC Identification Number PresviDeNCE Senate Primary General Office Sought: House Office Sought: House Disbursement For: 2016 Other (specify) FEC Identification Number City Senate President Other (specify) General Memo Item Full Name (Last, First, Middle Initial) House Disbursement For: Other (specify) General Category/ Type FEC Identification Number City State: Disbursement For: Other (specify) Category/ Type Memo Item FEC Identification Number City State: Disbursement For: Other (specify) Category/ Type Memo Ite	contribution			011					
Image: Senate President President President President President President President Other (specify) Image: Senate President Other (specify) State: Milling Address ONE PARK ROW 5TH FLOOR Date of Disbursement City State Zip Code Other (specify) Purpose of Disbursement contribution O11 Transaction Number Category/ Type State Disbursement Tor: 2016 Office Sought: House President President Disbursement For: 2016 Full Name (Last, First, Middle Initial) Other (specify) Memo Item State: Disbursement For: 2016 Memo Item Full Name (Last, First, Middle Initial) Other (specify) Memo Item State: Disbursement For: 2016 Memo Item City State Zip Code President Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement . Category/ Type Memo Item Office Sought: House President President Category/ Type Office Sought: House President Presi	STABENOW, DEBBIE, , ,				Amount of Each Disbursement this Period				
State: Mi District: 00 Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement City State Zip Code PROVIDENCE Ri 02903 Provide of Disbursement 011 Candidate Name 011 Office Sought: House President Disbursement For: Office Sought: House President Disbursement For: City State Purpose of Disbursement Disbursement For: Office Sought: House Disbursement Disbursement For: Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General Office Sought: House Senate President	× Senate ×	Primary	General						
Mailing Address ONE PARK ROW 5TH FLOOR Image: Contribution	Full Name (Last, First, Middle Initial)								
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State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Image: Category/ Type City State Zip Code Purpose of Disbursement Category/ Type FEC Identification Number Category/ Type Disbursement For: Senate Disbursement For: Other (specify) Memo Item State: District: Memo Item 10000.00	Senate	7	·	Турс					
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Senate Primary General President Other (specify) Memo Item State: District: 10000.00					Amount of Each Disbursement this Period				
SUBTOTAL of Disbursements This Page (optional)	Senate Primary General President Other (specify) ▼								
					40000.00				
	SUBTOTAL of Disbursements This Page (optional)			····· ►	70000.00				

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 385 OF 386		
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:		
Excluding Loans		for each			
-			numbered line)	X 10	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	,				
A. Full Name (Last, First, Middle Initial) of Deb	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
AC Rentals			rental spac	e	
Mailing Address PO Box 2673					
City	State	Zip Code			
McAllen	ТХ	78502			
Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period 0.00	Pay	ment This Period	Outstandir	on ID : SD10.9553 ng Balance at Close of This Period 900.00	
	,	1		, , ,	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals				Nature of Debt (Purpose): rental space	
Mailing Address PO Box 2673					
City	State	Zip Code			
McAllen	ТХ	78502			
Outstanding Balance Beginning This Period			Transact	ion ID , SD10 10052	
Outstanding Balance Beginning This Period 900.00			Transact	ion ID : SD10.10053	
	Pay	ment This Period		ion ID : SD10.10053 ng Balance at Close of This Period	
900.00	Pay	ment This Period	Outstandin		
900.00 Amount Incurred This Period			Outstandin	ng Balance at Close of This Period	
900.00 Amount Incurred This Period 0.00			Outstandin	ng Balance at Close of This Period	
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900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb			Outstandin	ng Balance at Close of This Period 900.00	
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900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City	tor or Creditor	0.0	Outstandin 00 Nature of D	ng Balance at Close of This Period 900.00	
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900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional).	tor or Creditor State Pay er only)	Zip Code	Outstandin	ng Balance at Close of This Period 900.00 ebt (Purpose): ng Balance at Close of This Period 1800.00	

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.