

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

Office Use Only

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

12FE4M5

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) ▼

612 W. Nolana Suite 340

☐ Check if different than previously reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00415752

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer

Ernie Perez

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 11 2013

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		907854.08
(b) Cash on Hand at Beginning of Reporting Period.....	1004225.00	
(c) Total Receipts (from Line 19)	225475.12	456508.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1229700.12	1364363.00
7. Total Disbursements (from Line 31)	238466.60	373129.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	991233.52	991233.52
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. 06/2004)

Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2011

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

222996.32

429771.04

(ii) Unitemized

2478.80

21737.88

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

225475.12

451508.92

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

225475.12

451508.92

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

225475.12

456508.92

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

225475.12

456508.92

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	181156.79	300819.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181156.79	300819.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57309.81	72309.81
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	238466.60	373129.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	238466.60	373129.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	225475.12	451508.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	225475.12	451508.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	181156.79	300819.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	181156.79	300819.67

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

Form/Schedule: F3XA

Transaction ID :

Reflected contribution on schedule B line 23 of \$10K to New Jersey Democratic State Committee due to check date of 12.27.2011 versus check clearing date of 01.03.2012 (check date was release date). New Jersey Democratic State Committee refunded/returned \$5K of contribution on 01.18.2012 as reflected on report of subsequent quarter ending April 2012.

With regard to excess contribution to NRSC on 01.06.2012. On (report of 04.2012 quarterly) contribution made to NRSC of \$15K with a check date of 10.19.2011 - check cleared 01.06.2012. Reflected the above reference contribution to NRSC of \$15K with check date 10.19.2011 (check date was release date) and delete contribution dated 01.06.2012 with respect to schedule B line 23 on 2012 april quarterly.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 435

(check only one)

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15769

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.15983

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16201

Amount of Each Receipt this Period

25.00

contribution

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

75.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 435

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16433

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 hertiage lane

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15330

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15547

Amount of Each Receipt this Period

250.00

contribution

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 435

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15765

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.15984

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16202

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16434

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15331

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15548

Amount of Each Receipt this Period

150.00

contribution

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 11 OF 435

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15770

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.15985

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16203

Amount of Each Receipt this Period

150.00

contribution

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

450.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16435

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15332

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15549

Amount of Each Receipt this Period

250.00

contribution

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 13 OF 435

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15766

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.15986

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.16204

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16436

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15333

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15550

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15771

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.15987

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16205

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16437

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15772

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Sahar Alizy

Mailing Address 1609 Martin

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.15988

Amount of Each Receipt this Period

25.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sahar Alizy

Mailing Address 1609 Martin

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16206

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Sahar Alizy

Mailing Address 1609 Martin

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16438

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15335

Amount of Each Receipt this Period

250.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15552

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15767

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.15989

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16207

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16439

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Alex Ambriz

Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15773

Amount of Each Receipt this Period

25.00

contribution

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

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Alex Ambriz

Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.15990

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Alex Ambriz

Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16208

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Alex Ambriz

Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16440

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15337

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15554

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15768

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.15991

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16209

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11Al.16441

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15338

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15555

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15774

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.15993

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16211

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16442

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15339

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15556

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15775

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.15994

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16212

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16443

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15340

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15557

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15776

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.15995

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16213

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Daisy Arce

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16444

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
 Donna TX 78537

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11Al.15777

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
 Donna TX 78537

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.15996

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
 Donna TX 78537

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16214

Amount of Each Receipt this Period

25.00

contribution

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

75.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
 Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.16445

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15342

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15559

Amount of Each Receipt this Period

125.00

contribution

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

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

275.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15778

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.15997

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16215

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16446

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15343

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15560

Amount of Each Receipt this Period

400.00

contribution

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

925.00

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

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15779

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.15998

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16216

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16447

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15344

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15561

Amount of Each Receipt this Period

50.00

contribution

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

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

500.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15780

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.15999

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16217

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16448

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15345

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15562

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15781

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16000

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16218

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16449

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15346

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15563

Amount of Each Receipt this Period

125.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11Al.15782

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.16001

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16219

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16450

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15347

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15564

Amount of Each Receipt this Period

250.00

contribution

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

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

625.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15783

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16002

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16220

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16451

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15348

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15565

Amount of Each Receipt this Period

400.00

contribution

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

1050.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15784

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16003

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16221

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16452

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15349

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15566

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15785

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16004

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16222

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16453

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15350

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15567

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15786

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16005

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16223

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16454

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15351

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15568

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15787

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16006

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16224

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16455

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15352

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15569

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15788

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16007

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16225

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16456

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15353

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Brace

Mailing Address 2000 N. 8th Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15570

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Brace

Mailing Address 2000 N. 8th Street

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11Al.15789

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Brace

Mailing Address 2000 N. 8th Street

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.16008

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Brace

Mailing Address 2000 N. 8th Street

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16226

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Brace

Mailing Address 2000 N. 8th Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16457

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15791

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Desi Canals

Mailing Address 1912 Trinity

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16010

Amount of Each Receipt this Period

25.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16228

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16459

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15356

Amount of Each Receipt this Period

400.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15573

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15792

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16011

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16229

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16460

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City
Edinburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15357

Amount of Each Receipt this Period

50.00

contribution

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15574

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15793

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16012

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16230

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16461

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15358

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15575

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15794

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16013

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16231

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16462

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15359

Amount of Each Receipt this Period

400.00

contribution

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15576

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15795

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16014

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16232

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16463

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15360

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15577

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15796

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16015

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16233

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16464

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marissa Castaneda

Mailing Address 5021

Elk Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15361

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15578

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15797

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16016

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16234

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16465

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15362

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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Use separate schedule(s)
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(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11AI.15579

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15798

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11AI.16017

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16235

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16466

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15363

Amount of Each Receipt this Period

125.00

contribution

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

625.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15580

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15799

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16018

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16236

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16467

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15364

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15581

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15800

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16019

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16237

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16468

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15801

Amount of Each Receipt this Period

25.00

contribution

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

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

275.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.16020

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.16238

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Roel Contreras

Mailing Address 1609 Harvey

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.16469

Amount of Each Receipt this Period

25.00

contribution

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15366

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15583

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15802

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16424

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16470

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15367

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15584

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15803

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16021

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16239

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16471

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1507.62

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15368

Amount of Each Receipt this Period

237.27

contribution

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

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

437.27

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1701.12

Date of Receipt

08 / 19 / 2011

Transaction ID : SA11AI.15585

Amount of Each Receipt this Period

193.50

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.18

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15804

Amount of Each Receipt this Period

219.06

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2091.78

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16022

Amount of Each Receipt this Period

171.60

contribution

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

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

584.16

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

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

FOR LINE NUMBER: PAGE 80 OF 435

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2245.12

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16240

Amount of Each Receipt this Period

153.34

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2409.41

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16472

Amount of Each Receipt this Period

164.29

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.06

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15369

Amount of Each Receipt this Period

242.55

contribution

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

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

560.18

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1727.87

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15586

Amount of Each Receipt this Period

197.81

contribution

Full Name (Last, First, Middle Initial)

B. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1951.80

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15805

Amount of Each Receipt this Period

223.93

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2127.22

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16023

Amount of Each Receipt this Period

175.42

contribution

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

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

597.16

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2283.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16243

Amount of Each Receipt this Period

156.75

contribution

Full Name (Last, First, Middle Initial)

B. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2451.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16478

Amount of Each Receipt this Period

167.95

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15370

Amount of Each Receipt this Period

250.00

contribution

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

574.70

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15587

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15806

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.16024

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.16242

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.16474

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15371

Amount of Each Receipt this Period

50.00

contribution

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

550.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15588

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15807

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16025

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16244

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16475

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Edgar Cruz

Mailing Address 6912 N. Peking

City State Zip Code
Mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15372

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Cruz

Mailing Address 6912 N. Peking

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15589

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Cruz

Mailing Address 6912 N. Peking

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15808

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Edgar Cruz

Mailing Address 6912 N. Peking

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16026

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Cruz

Mailing Address 6912 N. Peking

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		10		2011

Transaction ID : SA11AI.16245

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Cruz

Mailing Address 6912 N. Peking

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		09		2011

Transaction ID : SA11AI.16476

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		15		2011

Transaction ID : SA11AI.15373

Amount of Each Receipt this Period

150.00

contribution

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

250.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15590

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15809

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16027

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16246

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16477

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15376

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15592

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15811

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16029

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16248

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16480

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15375

Amount of Each Receipt this Period

125.00

contribution

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

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

625.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15593

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15812

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16030

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16249

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16481

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16031

Amount of Each Receipt this Period

50.00

contribution

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

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

300.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16250

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16482

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15378

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2011

Transaction ID : SA11AI.15594

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15814

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 14 2011

Transaction ID : SA11AI.16032

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16251

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16483

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City
Mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15379

Amount of Each Receipt this Period

150.00

contribution

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

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

650.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : SA11AI.15595

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

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

Transaction ID : SA11AI.15815

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	4		2	0	1	1		

Transaction ID : SA11AI.16033

Amount of Each Receipt this Period

150.00

contribution

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

450.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16252

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16484

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Ted Disque

Mailing Address 501 Iris

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15816

Amount of Each Receipt this Period

25.00

contribution

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ted Disque

Mailing Address 501 Iris

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16034

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ted Disque

Mailing Address 501 Iris

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16253

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Ted Disque

Mailing Address 501 Iris

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16485

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 15 2011

Transaction ID : SA11Al.15381

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15597

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15817

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16035

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16254

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16486

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15818

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16036

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16255

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16487

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15383

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15599

Amount of Each Receipt this Period

50.00

contribution

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

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125.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15819

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11AI.16037

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 10 2011

Transaction ID : SA11AI.16256

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16488

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15384

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15600

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State Zip Code
TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15820

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State Zip Code
TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16038

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State Zip Code
TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16257

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16489

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15385

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15601

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15821

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16039

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16258

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16490

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15386

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11Al.15602

Amount of Each Receipt this Period

100.00

contribution

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

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

450.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15822

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16040

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16259

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16491

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15387

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15603

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15823

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16041

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16260

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16492

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
Edinburg TX 78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15824

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
Edinburg TX 78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16042

Amount of Each Receipt this Period

25.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City

Edinburg

State

TX

Zip Code

78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16261

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City

Edinburg

State

TX

Zip Code

78542

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16493

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15389

Amount of Each Receipt this Period

50.00

contribution

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15605

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15825

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16043

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16262

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16494

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16426

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16495

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15391

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15606

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15826

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16044

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16263

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16496

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15392

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City

Mission

State

TX

Zip Code

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15607

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15827

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16045

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16264

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16497

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Nancy Garcia

Mailing Address 1409 Dora Jeanne Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16265

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Nancy Garcia

Mailing Address 1409 Dora Jeanne Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16498

Amount of Each Receipt this Period

20.00

contribution

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

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

290.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	1

Transaction ID : SA11AI.15394

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

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

Transaction ID : SA11AI.15609

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID : SA11AI.15829

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16047

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16266

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16499

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15390

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15610

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15830

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16048

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16267

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16500

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15831

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16049

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City

Donna

State

TX

Zip Code

78557

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16268

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16501

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15397

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15612

Amount of Each Receipt this Period

400.00

contribution

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

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

825.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15832

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16050

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16269

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16502

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15398

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15613

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15833

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16051

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16270

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16503

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15395

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15614

Amount of Each Receipt this Period

125.00

contribution

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

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

500.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15834

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16052

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16271

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16504

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15399

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15615

Amount of Each Receipt this Period

400.00

contribution

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

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

925.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15835

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16053

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16272

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16505

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15400

Amount of Each Receipt this Period

229.99

contribution

Full Name (Last, First, Middle Initial)

C. Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1682.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11Al.15616

Amount of Each Receipt this Period

173.75

contribution

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

803.74

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1797.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15836

Amount of Each Receipt this Period

115.41

contribution

Full Name (Last, First, Middle Initial)

B. Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1913.11

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16054

Amount of Each Receipt this Period

115.41

contribution

Full Name (Last, First, Middle Initial)

C. Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1993.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16273

Amount of Each Receipt this Period

80.79

contribution

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

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

311.61

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16506

Amount of Each Receipt this Period

86.56

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15401

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15617

Amount of Each Receipt this Period

100.00

contribution

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

286.56

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

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15837

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16055

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16274

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16507

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15402

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15618

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15838

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16056

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16275

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16508

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15839

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16057

Amount of Each Receipt this Period

25.00

contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16276

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16509

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Michael Gonzales

Mailing Address 204 Valenca

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15840

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16058

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16277

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16510

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15406

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15621

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15841

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16059

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16278

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamo

State
TX

Zip Code
78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16511

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Aida Gonzalez

Mailing Address 311 E. Davis

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16279

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Aida Gonzalez

Mailing Address 311 E. Davis

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16512

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City

edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15407

Amount of Each Receipt this Period

250.00

contribution

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

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

290.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15623

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15843

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16061

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16280

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16513

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15404

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11AI.15624

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15844

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11AI.16062

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16281

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16514

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
 mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15409

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15625

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15845

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16063

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2738.68

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16282

Amount of Each Receipt this Period

238.68

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2977.36

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16516

Amount of Each Receipt this Period

238.68

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15410

Amount of Each Receipt this Period

400.00

contribution

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

877.36

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2011

Transaction ID : SA11Al.15626

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2011

Transaction ID : SA11Al.15846

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : SA11Al.16064

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16283

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2011

Transaction ID : SA11Al.16517

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2011

Transaction ID : SA11Al.15411

Amount of Each Receipt this Period

50.00

contribution

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15627

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15847

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16065

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16284

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16518

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City

State

Zip Code

Mcallen

TX

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15413

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15848

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16066

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16427

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16519

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15414

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15629

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15849

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16067

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16286

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16520

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15415

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15630

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15850

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16068

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16287

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16521

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1637.85

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15416

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1887.85

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15631

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2137.85

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15851

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2337.71

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16069

Amount of Each Receipt this Period

199.86

contribution

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

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

699.86

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2516.31

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16288

Amount of Each Receipt this Period

178.60

contribution

Full Name (Last, First, Middle Initial)

B. Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2707.67

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16522

Amount of Each Receipt this Period

191.36

contribution

Full Name (Last, First, Middle Initial)

C. Ms Aida Guizar

Mailing Address 1706 E. 4 Mile Line

City State Zip Code
 Mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15852

Amount of Each Receipt this Period

25.00

contribution

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

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

394.96

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Aida Guizar

Mailing Address 1706 E. 4 Mile Line

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16070

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Aida Guizar

Mailing Address 1706 E. 4 Mile Line

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16289

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Aida Guizar

Mailing Address 1706 E. 4 Mile Line

City

State

Zip Code

Mission

TX

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16523

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15418

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15633

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15853

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16071

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16290

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16524

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15419

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15634

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15854

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16072

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16291

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16525

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15420

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15635

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15855

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16073

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16292

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Miguel Gutierrez

Mailing Address 224 Lindberg

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16526

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15422

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15636

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15856

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16074

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16293

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Anna Lisa Guzman

Mailing Address P.O. Box 720235

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16527

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	5		2	0	1	1		

Transaction ID : SA11Al.15421

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11Al.15637

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City

Penitas

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11Al.15857

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16075

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16294

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16528

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15423

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15638

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15858

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16076

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16295

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16529

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15424

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15639

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

c. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15859

Amount of Each Receipt this Period

75.00

contribution

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

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225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16077

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16296

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16530

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Helbing

Mailing Address 820 Tamarack

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

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15425

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Helbing

Mailing Address 820 Tamarack

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

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15640

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Helbing

Mailing Address 820 Tamarack

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

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15860

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16078

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16297

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Robert Helbing

Mailing Address 820 Tamarack

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16531

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15861

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16079

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16298

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Blake Hensler

Mailing Address 3414 Pricess Street

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16532

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15862

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16080

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		10		2011

Transaction ID : SA11AI.16299

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Monica Hensler

Mailing Address 3414 Princess Street

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		09		2011

Transaction ID : SA11AI.16533

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		15		2011

Transaction ID : SA11AI.15428

Amount of Each Receipt this Period

250.00

contribution

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15643

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15863

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16081

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16300

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16535

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15429

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15644

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15864

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16082

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16301

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16536

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15412

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15645

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15865

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16083

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16302

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16537

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1349.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15430

Amount of Each Receipt this Period

200.00

contribution

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1549.58

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15646

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1749.58

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15866

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1949.58

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16084

Amount of Each Receipt this Period

200.00

contribution

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

600.00

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

SCHEDULE A (FEC Form 3X)
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for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2149.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11AI.16303

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2349.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11AI.16538

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15431

Amount of Each Receipt this Period

50.00

contribution

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

450.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15647

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15867

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16085

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16304

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16539

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15432

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15648

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15868

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16086

Amount of Each Receipt this Period

250.00

contribution

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

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750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16305

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16540

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15433

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15649

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15869

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16087

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16306

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16541

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15434

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15650

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15870

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16088

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16307

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16542

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Marina Jacobson

Mailing Address 1505 Doherty

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15871

Amount of Each Receipt this Period

25.00

contribution

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

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

825.00

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Marina Jacobson

Mailing Address 1505 Doherty

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16089

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Marina Jacobson

Mailing Address 1505 Doherty

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16308

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Marina Jacobson

Mailing Address 1505 Doherty

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16543

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15872

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16090

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Donna Joule

Mailing Address 708 S H Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16309

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Donna Joule

Mailing Address 708 S H Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16544

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16200

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16310

Amount of Each Receipt this Period

250.00

contribution

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

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
 mcAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16545

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15437

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11Al.15653

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15873

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16091

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16311

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16546

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15438

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15654

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15874

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16092

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16312

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16547

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15440

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15655

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15875

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16093

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16313

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16548

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15441

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15656

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15876

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16094

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16314

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16549

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15442

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Leal

Mailing Address 601 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15657

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15877

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.16095

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15878

Amount of Each Receipt this Period

25.00

contribution

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

525.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16096

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16316

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16550

Amount of Each Receipt this Period

25.00

contribution

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

75.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15879

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16097

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16317

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Enrique Linan

Mailing Address 3003 Santo Olivia

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16551

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City

austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15445

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City

austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15660

Amount of Each Receipt this Period

400.00

contribution

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

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

825.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15880

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16098

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16318

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16552

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15446

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15661

Amount of Each Receipt this Period

50.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15881

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16099

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16319

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16553

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
 San Benito TX 78586

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15447

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
 San Benito TX 78586

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15662

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rolando Longoria

Mailing Address 32243 Road 83

City

San Benito

State

TX

Zip Code

78586

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15882

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Rolando Longoria

Mailing Address 32243 Road 83

City

San Benito

State

TX

Zip Code

78586

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16100

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15448

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15663

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15883

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.16101

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

Transaction ID : SA11Al.16321

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City	State	Zip Code
mcallen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : SA11Al.16554

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Julio Lopez

Mailing Address 1311 6th E. Street

City	State	Zip Code
weslaco	TX	78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11Al.15449

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11AI.15664

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15884

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11AI.16102

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2731.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 10 2011

Transaction ID : SA11AI.16322

Amount of Each Receipt this Period

231.19

contribution

Full Name (Last, First, Middle Initial)

B. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2978.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 09 2011

Transaction ID : SA11AI.16555

Amount of Each Receipt this Period

247.71

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15885

Amount of Each Receipt this Period

25.00

contribution

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

503.90

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

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16103

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16323

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16556

Amount of Each Receipt this Period

25.00

contribution

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

75.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15452

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15667

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15887

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.16105

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.16325

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11AI.16558

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15453

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15668

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15888

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16106

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16327

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16559

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15454

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15669

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15889

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16107

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16328

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16561

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15455

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15670

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15890

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16108

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16329

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16562

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15456

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15671

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15891

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16109

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16330

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16563

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15457

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15672

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15892

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16110

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16331

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16564

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15459

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15674

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15894

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16112

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16333

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Pedro McDougal

Mailing Address 1516 Iris

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16566

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15895

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16113

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16334

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Kimberely McNutt

Mailing Address 7716 N. 27th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16567

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15461

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15676

Amount of Each Receipt this Period

400.00

contribution

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

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

825.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15896

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16114

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16335

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16568

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15462

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15677

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15897

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16115

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11AI.16336

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16569

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15463

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15678

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15898

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16116

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16337

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16570

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15464

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11Al.15679

Amount of Each Receipt this Period

75.00

contribution

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

400.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Meyer

Mailing Address 2100 School Lane

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15899

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Scott Meyer

Mailing Address 2100 School Lane

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16117

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Scott Meyer

Mailing Address 2100 School Lane

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16338

Amount of Each Receipt this Period

75.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Scott Meyer

Mailing Address 2100 School Lane

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16571

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City

State

Zip Code

Edinburg

TX

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15465

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City

State

Zip Code

Edinburg

TX

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15680

Amount of Each Receipt this Period

50.00

contribution

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

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

175.00

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15900

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16118

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16339

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fausto Meza

Mailing Address 4914 Edinburg Road

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16572

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15466

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15681

Amount of Each Receipt this Period

100.00

contribution

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

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

250.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15901

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16119

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16340

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16573

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15467

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15682

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15902

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16120

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16341

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16574

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15468

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15683

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15903

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16121

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16342

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16575

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15469

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15684

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15904

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16122

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16343

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

PAGE 261 OF 435

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City
mcallen

State
TX

Zip Code
78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16576

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15470

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15685

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15905

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16123

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16344

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16577

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Lauren Naylor

Mailing Address 3020 Melinda Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15471

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Lauren Naylor

Mailing Address 3020 Melinda Drive

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15686

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15906

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16124

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16345

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lauren Naylor

Mailing Address 3020 Melinda Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16578

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11Al.15472

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11Al.15687

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15907

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16125

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16346

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

Transaction ID : SA11AI.16579

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

State

Zip Code

McAllen

TX

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

Transaction ID : SA11AI.15473

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

State

Zip Code

McAllen

TX

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2011

Transaction ID : SA11AI.15688

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15908

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16126

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16347

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16580

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15474

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15689

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15909

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16127

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16348

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16581

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15475

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15690

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15910

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16128

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16349

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jose Ortega

Mailing Address 2504 Xanthisma

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16582

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15476

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15691

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15911

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16129

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16350

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16583

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15477

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15692

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11Al.15912

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16130

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16351

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16584

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando OteroMailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15478

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando OteroMailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15693

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15913

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16131

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16352

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16585

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15479

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15694

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15914

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16132

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16353

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City

mcallen

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16586

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15480

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15695

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15915

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16133

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16354

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16587

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15481

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15696

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15916

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16134

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16355

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16588

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15482

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15697

Amount of Each Receipt this Period

300.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15917

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16135

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16356

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City
Harlingen

State
TX

Zip Code
78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16589

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15483

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15698

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15918

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16136

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16357

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16590

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15484

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15699

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15919

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16137

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16358

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eduardo Peguero

Mailing Address P.O.Box 5959

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16591

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15485

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15700

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15920

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16138

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16360

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16592

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15486

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15701

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15921

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16139

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16361

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16593

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15487

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15702

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15922

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16140

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16362

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16594

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15488

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15703

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15923

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16141

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16363

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16595

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

563.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15489

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ernie Perez

Mailing Address P.O. Box 5360

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

623.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15704

Amount of Each Receipt this Period

60.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15764

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11AI.15982

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11AI.16364

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
 mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16596

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.39

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15490

Amount of Each Receipt this Period

227.42

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.86

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15705

Amount of Each Receipt this Period

185.47

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

437.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1054.82

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15924

Amount of Each Receipt this Period

209.96

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.29

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16142

Amount of Each Receipt this Period

164.47

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1383.76

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16365

Amount of Each Receipt this Period

164.47

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

538.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1541.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16597

Amount of Each Receipt this Period

157.47

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1602.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15491

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1815.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15706

Amount of Each Receipt this Period

213.03

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

620.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2057.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15925

Amount of Each Receipt this Period

241.17

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2246.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16143

Amount of Each Receipt this Period

188.92

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2434.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16366

Amount of Each Receipt this Period

188.92

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

619.01

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2615.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	9		2	0	1	1		

Transaction ID : SA11Al.16598

Amount of Each Receipt this Period

180.88

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	9		2	0	1	1		

Transaction ID : SA11Al.15926

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	4		2	0	1	1		

Transaction ID : SA11Al.16144

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

230.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16367

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Francisco Pina

Mailing Address 129 E. Jones

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16599

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15927

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16145

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 10 2011

Transaction ID : SA11Al.16368

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Jessica Porras

Mailing Address 5128 North 10th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 09 2011

Transaction ID : SA11Al.16600

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1748.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15494

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1998.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15709

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2248.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15928

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2498.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16146

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2730.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16369

Amount of Each Receipt this Period

232.05

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2979.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16601

Amount of Each Receipt this Period

248.63

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 15 2011

Transaction ID : SA11Al.15495

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15710

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15929

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 14 2011

Transaction ID : SA11Al.16147

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 10 2011

Transaction ID : SA11Al.16370

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 09 2011

Transaction ID : SA11Al.16602

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15496

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15711

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15930

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.16148

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16371

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11Al.16603

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15498

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15713

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15932

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16150

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16373

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16605

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15933

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16151

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16374

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16606

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15500

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15715

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15934

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16152

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R.V. Reddy

Mailing Address 1500 Southland Drive

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16375

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16607

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11Al.15935

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16153

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16376

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16608

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15502

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15717

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15936

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16154

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16377

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16609

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Maria J. Rios

Mailing Address P.O. Box 3606

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15937

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Maria J. Rios

Mailing Address P.O. Box 3606

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16155

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Maria J. Rios

Mailing Address P.O. Box 3606

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16378

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Maria J. Rios

Mailing Address P.O. Box 3606

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16610

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15504

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15719

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15938

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16156

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16379

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16611

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15505

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15720

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15939

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16157

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16380

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16612

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15506

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15721

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15940

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16158

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16381

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16613

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11Al.15507

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11Al.15722

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11Al.15941

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16159

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16382

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16614

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15508

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15723

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15942

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16160

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16383

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16615

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 15 2011

Transaction ID : SA11AI.15509

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 18 2011

Transaction ID : SA11AI.15724

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 09 2011

Transaction ID : SA11AI.15943

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16161

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16384

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16616

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15510

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15725

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15944

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16162

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16385

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16617

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15511

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15726

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15945

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16163

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16386

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16618

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15512

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15727

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15946

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.16164

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16387

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16619

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15513

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15728

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15947

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16165

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16388

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16620

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15514

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15729

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15948

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16166

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16389

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16621

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15515

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15730

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15949

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16167

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16390

Amount of Each Receipt this Period

30.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Manuel Seas

Mailing Address 5714 N. 6th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16622

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Seiba

Mailing Address P. O. Box 4556

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11AI.15992

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Seiba

Mailing Address P. O. Box 4556

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11AI.16391

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Seiba

Mailing Address P. O. Box 4556

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16623

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15516

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15731

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15950

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16168

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16392

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16624

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15517

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15732

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15951

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16169

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16393

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16625

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15952

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16170

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15519

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15734

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15953

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16171

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16395

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16626

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Hilda Solis

Mailing Address P.O.Box 3302

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15954

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16172

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16396

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16627

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

959.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15521

Amount of Each Receipt this Period

159.35

contribution

Full Name (Last, First, Middle Initial)

B. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1089.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15736

Amount of Each Receipt this Period

129.96

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1237.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15955

Amount of Each Receipt this Period

147.12

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

436.43

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1352.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11Al.16173

Amount of Each Receipt this Period

115.24

contribution

Full Name (Last, First, Middle Initial)

B. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1455.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : SA11Al.16397

Amount of Each Receipt this Period

102.98

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1565.57

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11Al.16628

Amount of Each Receipt this Period

110.34

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

328.56

TOTAL This Period (last page this line number only)..... ►

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15522

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15737

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15956

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.16174

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16398

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 09 2011

Transaction ID : SA11Al.16629

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Spinetti

Mailing Address 2707 Cornerstone Blvd

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16399

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nelson Spinetti

Mailing Address 2707 Cornerstone Blvd

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16630

Amount of Each Receipt this Period

20.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15958

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16176

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16400

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Raul Sustaita

Mailing Address 1602 Scobey

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16631

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15525

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15740

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15959

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16177

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16401

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16632

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 15 2011

Transaction ID : SA11AI.15526

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 18 2011

Transaction ID : SA11AI.15741

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 09 2011

Transaction ID : SA11AI.15960

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16178

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16402

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16633

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	1

Transaction ID : SA11AI.15528

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	1

Transaction ID : SA11AI.15743

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	1

Transaction ID : SA11AI.15962

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16180

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16404

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16635

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15529

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15744

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15963

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16181

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16405

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16636

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15530

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15745

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15964

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16182

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16406

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16637

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : SA11AI.15531

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2011

Transaction ID : SA11AI.15746

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.15965

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16183

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16407

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16638

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.15439

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.15747

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15966

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2011

Transaction ID : SA11Al.16184

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 10 2011

Transaction ID : SA11Al.16408

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2011

Transaction ID : SA11Al.16639

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15532

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15748

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15967

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16185

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16409

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16640

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15533

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15749

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City

Raymondville

State

TX

Zip Code

78580

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15968

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City
Raymondville

State Zip Code
TX 78580

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16186

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City
Raymondville

State Zip Code
TX 78580

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16410

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City
Raymondville

State Zip Code
TX 78580

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16641

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15534

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15750

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15969

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16187

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16411

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16642

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15535

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15751

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15970

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16188

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16412

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16643

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15536

Amount of Each Receipt this Period

159.76

contribution

Full Name (Last, First, Middle Initial)

B. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15752

Amount of Each Receipt this Period

130.29

contribution

Full Name (Last, First, Middle Initial)

C. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15971

Amount of Each Receipt this Period

147.50

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

437.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16189

Amount of Each Receipt this Period

115.54

contribution

Full Name (Last, First, Middle Initial)

B. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16413

Amount of Each Receipt this Period

103.25

contribution

Full Name (Last, First, Middle Initial)

C. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1569.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16644

Amount of Each Receipt this Period

110.62

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

329.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.79

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2011

Transaction ID : SA11Al.15537

Amount of Each Receipt this Period

130.61

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.31

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2011

Transaction ID : SA11Al.15753

Amount of Each Receipt this Period

106.52

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.89

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2011

Transaction ID : SA11Al.15972

Amount of Each Receipt this Period

120.58

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

357.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Villarreal

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.35

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16190

Amount of Each Receipt this Period

94.46

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.76

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16414

Amount of Each Receipt this Period

84.41

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1283.20

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16645

Amount of Each Receipt this Period

90.44

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

269.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11AI.15538

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11AI.15754

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15973

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16191

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16415

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Roger Vitko

Mailing Address 1017 south 1st

City
mcallen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16646

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15539

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15755

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15974

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16192

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16416

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16647

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15540

Amount of Each Receipt this Period

144.36

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

987.35

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15756

Amount of Each Receipt this Period

117.73

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.15975

Amount of Each Receipt this Period

133.28

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

395.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1225.03

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16193

Amount of Each Receipt this Period

104.40

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1318.33

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16417

Amount of Each Receipt this Period

93.30

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1418.29

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16648

Amount of Each Receipt this Period

99.96

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

297.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15541

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15757

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11Al.15976

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SA11Al.16194

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2011

Transaction ID : SA11Al.16418

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16649

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15977

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16195

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16419

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11Al.16650

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11Al.15542

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11Al.15758

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15978

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16196

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16420

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : SA11AI.16651

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11AI.15543

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Hugo Zapata

Mailing Address 316 Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2011

Transaction ID : SA11AI.15759

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.15979

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11AI.16197

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16421

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.16652

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.15980

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : SA11AI.16198

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11Al.16422

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Livanía Zavala-Spinetti

Mailing Address 109 E Cornell

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11Al.16653

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 15 / 2011

Transaction ID : SA11Al.15545

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 18 / 2011

Transaction ID : SA11Al.15761

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11Al.15981

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 14 / 2011

Transaction ID : SA11Al.16199

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

11 / 10 / 2011

Transaction ID : SA11AI.16423

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

12 / 09 / 2011

Transaction ID : SA11AI.16654

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

222996.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
08D D D /
12Y Y Y Y Y Y
2011**Transaction ID : SB21B.16674**

Amount of Each Disbursement this Period

4992.12

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
08D D D /
26Y Y Y Y Y Y
2011**Transaction ID : SB21B.16689**

Amount of Each Disbursement this Period

4992.12

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

phone/IT services

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
09D D D /
06Y Y Y Y Y Y
2011**Transaction ID : SB21B.16694**

Amount of Each Disbursement this Period

380.02

SUBTOTAL of Disbursements This Page (optional)..... ►

10364.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

11

07

2011

Transaction ID : SB21B.16724

Amount of Each Disbursement this Period

5095.54

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

11

22

2011

Transaction ID : SB21B.16732

Amount of Each Disbursement this Period

5305.97

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City

State

Zip Code

Pharr

TX

78577

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

12

05

2011

Transaction ID : SB21B.16744

Amount of Each Disbursement this Period

5305.98

SUBTOTAL of Disbursements This Page (optional)..... ►

15707.49

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvarado

Mailing Address 1303 W. Kiwi #4

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

Transaction ID : SB21B.16747

Amount of Each Disbursement this Period

5305.97

Full Name (Last, First, Middle Initial)

B. ATT

Mailing Address P.O. Box 930170

City Dallas	State TX	Zip Code 75393
----------------	-------------	-------------------

Purpose of Disbursement
telephone land lines expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

Transaction ID : SB21B.16710

Amount of Each Disbursement this Period

479.49

Full Name (Last, First, Middle Initial)

C. ATT

Mailing Address P.O. Box 930170

City Dallas	State TX	Zip Code 75393
----------------	-------------	-------------------

Purpose of Disbursement
telephone land lines expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : SB21B.16725

Amount of Each Disbursement this Period

234.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6020.21

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

774.53

195.44

1375.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SB21B.16666

Amount of Each Disbursement this Period

452.57

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2011

Transaction ID : SB21B.16673

Amount of Each Disbursement this Period

261.81

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

mileage expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SB21B.16679

Amount of Each Disbursement this Period

21.01

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

735.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
08D D D /
26Y Y Y Y Y Y
2011**Transaction ID : SB21B.16691**

Amount of Each Disbursement this Period

658.20

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
09D D D /
09Y Y Y Y Y Y
2011**Transaction ID : SB21B.16698**

Amount of Each Disbursement this Period

788.67

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
07Y Y Y Y Y Y
2011**Transaction ID : SB21B.16708**

Amount of Each Disbursement this Period

723.56

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2170.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
21Y Y Y Y Y Y
2011**Transaction ID : SB21B.16713**

Amount of Each Disbursement this Period

788.80

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11D D D /
04Y Y Y Y Y Y
2011**Transaction ID : SB21B.16722**

Amount of Each Disbursement this Period

723.55

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11D D D /
18Y Y Y Y Y Y
2011**Transaction ID : SB21B.16726**

Amount of Each Disbursement this Period

1375.95

SUBTOTAL of Disbursements This Page (optional)..... ►

2888.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 415 OF 435

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
12D D D /
02Y Y Y Y Y Y
2011**Transaction ID : SB21B.16742**

Amount of Each Disbursement this Period

1375.96

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
12D D D /
16Y Y Y Y Y Y
2011**Transaction ID : SB21B.16745**

Amount of Each Disbursement this Period

723.56

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
12D D D /
30Y Y Y Y Y Y
2011**Transaction ID : SB21B.16750**

Amount of Each Disbursement this Period

788.78

SUBTOTAL of Disbursements This Page (optional)..... ►

2888.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Girls Scouts of Greater South Texas

Mailing Address 1109 W. Nolana #202

City	State	Zip Code
McAllen	TX	78501

Purpose of Disbursement
donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2011

Transaction ID : SB21B.16678

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Hope Family Health Center Clinic

Mailing Address 2332 Jordan

City	State	Zip Code
McAllen	TX	78503

Purpose of Disbursement
donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2011

Transaction ID : SB21B.16684

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposit - IRS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2011

Transaction ID : SB21B.16667

Amount of Each Disbursement this Period

10012.14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25012.14

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen	State UT	Zip Code 84401
---------------	-------------	-------------------

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2011

Transaction ID : SB21B.16668

Amount of Each Disbursement this Period

57.71

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen	State UT	Zip Code 84401
---------------	-------------	-------------------

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2011

Transaction ID : SB21B.16692

Amount of Each Disbursement this Period

6978.91

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen	State UT	Zip Code 84401
---------------	-------------	-------------------

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2011

Transaction ID : SB21B.16702

Amount of Each Disbursement this Period

7395.97

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14432.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : SB21B.16715

Amount of Each Disbursement this Period

7268.48

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposit - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2011

Transaction ID : SB21B.16728

Amount of Each Disbursement this Period

6978.27

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2011

Transaction ID : SB21B.16657

Amount of Each Disbursement this Period

2322.18

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16568.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2011

Transaction ID : SB21B.16665

Amount of Each Disbursement this Period

1523.28

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2011

Transaction ID : SB21B.16675

Amount of Each Disbursement this Period

521.91

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2011

Transaction ID : SB21B.16681

Amount of Each Disbursement this Period

1230.63

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3275.82

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2011

Mailing Address 213 Quail Court

Transaction ID : SB21B.16690

City	State	Zip Code
McAllen	TX	78502

Amount of Each Disbursement this Period

Purpose of Disbursement
contract services - salary expenditure

001

1263.13

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2011

Mailing Address 213 Quail Court

Transaction ID : SB21B.16697

City	State	Zip Code
McAllen	TX	78502

Amount of Each Disbursement this Period

Purpose of Disbursement
contract services - salary expenditure

001

1523.28

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

Mailing Address 213 Quail Court

Transaction ID : SB21B.16707

City	State	Zip Code
McAllen	TX	78502

Amount of Each Disbursement this Period

Purpose of Disbursement
contract services - salary expenditure

001

1583.26

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4369.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10D D D /
21Y Y Y Y Y Y
2011**Transaction ID : SB21B.16714**

Amount of Each Disbursement this Period

1393.20

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11D D D /
04Y Y Y Y Y Y
2011**Transaction ID : SB21B.16723**

Amount of Each Disbursement this Period

1393.22

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11D D D /
18Y Y Y Y Y Y
2011**Transaction ID : SB21B.16727**

Amount of Each Disbursement this Period

2549.53

SUBTOTAL of Disbursements This Page (optional)..... ►

5335.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

12

02

2011

Transaction ID : SB21B.16743

Amount of Each Disbursement this Period

2549.52

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

12

16

2011

Transaction ID : SB21B.16746

Amount of Each Disbursement this Period

1523.29

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

12

30

2011

Transaction ID : SB21B.16751

Amount of Each Disbursement this Period

1458.24

SUBTOTAL of Disbursements This Page (optional)..... ►

5531.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Just Energy

Mailing Address P.O. Box 650518

City State Zip Code
Dallas TX 78265
Purpose of Disbursement
office electricity expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 07 2011
Transaction ID : SB21B.16709

Amount of Each Disbursement this Period

170.24

Full Name (Last, First, Middle Initial)

B. Just Energy

Mailing Address P.O. Box 650518

City State Zip Code
Dallas TX 78265
Purpose of Disbursement
office electricity expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 26 2011
Transaction ID : SB21B.16719

Amount of Each Disbursement this Period

154.85

Full Name (Last, First, Middle Initial)

C. Just Energy

Mailing Address P.O. Box 650518

City State Zip Code
Dallas TX 78265
Purpose of Disbursement
office electricity expenditure

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 29 2011
Transaction ID : SB21B.16733

Amount of Each Disbursement this Period

121.74

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

446.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 424 OF 435

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

Purpose of Disbursement
refund of donation/contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 23 2011

Transaction ID : SB21B.16701

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City State Zip Code
McAllen TX 78504

Purpose of Disbursement
paysmart payroll services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 27 2011

Transaction ID : SB21B.16703

Amount of Each Disbursement this Period

33.56

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City State Zip Code
McAllen TX 78504

Purpose of Disbursement
paysmart payroll services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 25 2011

Transaction ID : SB21B.16717

Amount of Each Disbursement this Period

34.64

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

318.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 425 OF 435

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2011

Transaction ID : SB21B.16729

Amount of Each Disbursement this Period

33.56

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
paysmart payroll services

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2011

Transaction ID : SB21B.16749

Amount of Each Disbursement this Period

33.56

Full Name (Last, First, Middle Initial)

C. Peppers

Mailing Address 4620 North 10th Street

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
In-kind contribution for nominee dewhurst - u.s. senate

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Transaction ID : SB21B.16762

Amount of Each Disbursement this Period

1729.47

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1796.59

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2011

Transaction ID : SB21B.16754

Amount of Each Disbursement this Period

5535.00

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2011

Transaction ID : SB21B.16756

Amount of Each Disbursement this Period

1222.32

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB21B.16757

Amount of Each Disbursement this Period

309.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7066.32

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

A. Texas Workforce Commission

Date of Disbursement

Transaction ID : SB21B.16699

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

6.39

B. Texas Workforce Commission

Date of Disbursement

Transaction ID : SB21B.16721

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

[illegible]

C. Valley Alliance of Mentors for Opportunities

Date of Disbursement

Transaction ID : SB21B.16685

012

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

4400.00

4447.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

Category/
Type

5000.00

Category/
Type

5600.00

07 / 07 / 2011

Category/
Type

1331.25

11931.25

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Water Tower Village

Mailing Address 52211 N. McColl Road

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
office lease expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : SB21B.16705

Amount of Each Disbursement this Period

1331.25

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1331.25

180885.07

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 431 OF 435

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOHN BARRASSO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2011

Mailing Address 6896 CASPER MOUNTAIN ROAD

City	State	Zip Code
CASPER	WY	82601

Transaction ID : SB23.16663Purpose of Disbursement
contribution

012

Amount of Each Disbursement this Period

Candidate Name

JOHN BARRASSOCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

5000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL C. DR. BURGESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2011

Mailing Address PO BOX 2334

City	State	Zip Code
DENTON	TX	76202

Transaction ID : SB23.16731Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

MICHAEL C. DR. BURGESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

5000.00

Full Name (Last, First, Middle Initial)

C. DAVID H DEWHURST

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2011

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City	State	Zip Code
AUSTIN	TX	78767

Transaction ID : SB23.16741Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

DAVID H DEWHURSTCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 00

2309.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12309.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. DAVID H DEWHURST

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2011

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City	State	Zip Code
AUSTIN	TX	78767

Transaction ID : SB23.16748Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

DAVID H DEWHURSTCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Full Name (Last, First, Middle Initial)

B. LUIS V GUTIERREZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2011

Mailing Address 3210 W CULLOM ST

City	State	Zip Code
CHICAGO	IL	60641

Transaction ID : SB23.16776Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

LUIS V GUTIERREZCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 04

Full Name (Last, First, Middle Initial)

C. RUBEN E HINOJOSA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2011

Mailing Address 1404 South Illinois

City	State	Zip Code
Mercedes	TX	78570

Transaction ID : SB23.16687Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

RUBEN E HINOJOSACategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 15

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 433 OF 435

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. RUBEN E HINOJOSA

Mailing Address 1404 South Illinois

City	State	Zip Code
Mercedes	TX	78570

Purpose of Disbursement
contribution

Candidate Name

RUBEN E HINOJOSA

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 15

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2011

Transaction ID : SB23.16688

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2011

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2011

Transaction ID : SB23.20414

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. NEW JERSEY DEMOCRATIC STATE COMMITTEE

Mailing Address 196 WEST STATE STREET

City	State	Zip Code
TRENTON	NJ	08608

Purpose of Disbursement
contribution

Candidate Name

NEW JERSEY DEMOCRATIC STATE COMMITTEE

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2011

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2011

Transaction ID : SB23.18361

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30000.00

57309.81

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 434 OF 435

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1800.00

2) **TOTALS** This Period (last page this line number only)..... ►

1800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1800.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.