Image# 13962846811			_		PAGE 1 / 435
FEC AN	EPORT OF F ND DISBURS Other Than An Autho	SEMENT	S	Office U	se Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typin over the lines.	ng, type 12	FE4M5	
ADDRESS (number and street)	12 W. Nolana Suite 340				
Check if different	// /cAllen		T	X 78504	4
2. FEC IDENTIFICATION NUMB		•	STA		ZIP CODE
C C00415752	3. IS 1 REF		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) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	(b) Monthly Report Due On: Mar 20 (c) 12-Day PRE-Election Report for the: Election Report for the: Election Report for the: Election	0 (M3) 0 0 (M4) 0 0 Primary (12F 0 Convention (0 On // 0 General (300)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	In the State of Special (30S)
5. Covering Period 07	eport and to the best of m	through y knowledge and l	12 /	3120	
Signature of Treasurer	22	[Electronically	y Filed] Date	06 / D	D / Y Y Y Y 2013
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the per	son signing this R	eport to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

06/11/2013 19 : 41

6.

7.

8.

9.

SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write	or Type Committee Name		
BOF	RDER HEALTH FEDERAL PAG	C	
Repor	t Covering the Period: From:	M / D D / Y Y Y Y 01 2011	To: 12 / D D / Y Y Y Y 12 31 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1, 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
Tota	al Disbursements (from Line 31)	238466.60	373129.48

Cash on Hand at Close of **Reporting Period** 991233.52 991233.52 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1800.00 Schedule C and/or Schedule D)

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

1	TAILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		Page 3
BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From: 07		To: 12 / D D / 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 (iii) TOTAL (add	2478.80	21737.88
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)(d) Total Contributions (add Lines	0.00	0.00
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
 Loan Repayments Received Offsets To Operating Expenditures (Defined a Debate etc.) 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	5000.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds 	0.00	0.00
(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),	005 475 40	456508.92
12, 13, 14, 15, 16, 17, and 18(c))►	225475.12	450500.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	225475.12	456508.92

DETAILED SUMMARY PAGE

of Disbursements

(a) A A (i) (b) C	II. Disbursements ating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) i) Federal Share	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) A A (i) (b) C	Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i (i (b) C			
(b) C		0.00	0.00
	ii) Non-Federal Share	0.00	0.00
	Other Federal Operating Expenditures	181156.79	300819.67
(c) T	otal Operating Expenditures		
	add 21(a)(i), (a)(ii), and (b))► fers to Affiliated/Other Party	181156.79	300819.67
Comm	nittees ibutions to	0.00	0.00
Federa	al Candidates/Committees Other Political Committees	57309.81	72309.81
-	endent Expenditures	0.00	0.00
. Coord (2 U.S	Schedule E) linated Party Expenditures S.C. §441a(d)) Schedule F)	0.00	
(use S	Schedule F)	0.00	0.00
. Loan	Repayments Made	0.00	0.00
. Loans	Made ds of Contributions To:	0.00	0.00
(a) Ir	ndividuals/Persons Other Than Political Committees	0.00	0.00
(b) P	Political Party Committees	0.00	0.00
(c) C	Other Political Committees		0.00
(5	such as PACs)	0.00	0.00
()	otal Contribution Refunds	0.00	0.00
(8	add Lines 28(a), (b), and (c))		7 7
. Other	Disbursements	0.00	0.00
(a) A	al Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
	from Schedule H6) i) Federal Share	0.00	0.00
	ii) "Levin" Share	0.00	0.00
(b) F	ederal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	otal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
. Total i	Disbursements (add Lines 21(c), 22,		
	4, 25, 26, 27, 28(d), 29 and 30(c))	238466.60	373129.48
	Federal Disbursements		
	act Line 21(a)(ii) and Line 30(a)(ii) Line 31)	238466.60	373129.48

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L

DETAILED SUMMARY PAGE

of Disbursements

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

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

Form/Schedule: F3XA Transaction ID :

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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IN F BORDER HEALTH I	Full)		
A. Mr. Riad Aboujamous Mailing Address 1217 Fullerto			Date of Receipt
011			09 09 2011
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15769
		70504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	^g C		25.00
Name of Employer	Occupation		
selfemployed	private inve	stor	
Receipt For:		Year-to-Date V	
Primary Gener	al	225.00	1
Other (specify)		, , , , , , , , , , , , , , , , , , , ,	1
Full Name (Last, First, Middle B. Mr. Riad Aboujamous	Initial)		Date of Receipt
Mailing Address 1217 Fullerto	n		M M M / D D / Y Y Y Y Y 10 14 2011
City	State	Zip Code	Transaction ID : SA11AI.15983
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	^g C		25.00
Name of Employer	Occupation	1	contribution
selfemployed	private inve	stor	
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle C. Mr. Riad Aboujamous			Date of Receipt
Mailing Address 1217 Fullerto	n		11 10 2011
City	State	Zip Code	Transaction ID : SA11AI.16201
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	g C		25.00
Name of Employer	Occupation	1	contribution
selfemployed	private inve	estor	
Receipt For:		Year-to-Date ▼	1
Other (specify)	L	275.00	1
SUBTOTAL of Receipts This Pa	age (optional)		75.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17
Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Mr. Riad Aboujamous Mailing Address 1217 Fullerton				Date o		ceipt	D / Y	Y Y	Y	Y
City McAllen	State TX	Zip Code 78504					SA11AI			
FEC ID number of contributing federal political committee.	C					Each F	Receipt th		oa 25.0	00
Name of Employer selfemployed Receipt For:	Occupation private inve Aggregate		C0	ontribu	ition					
Other (specify)		300.00]							
Full Name (Last, First, Middle Initial) B. Charity Abreu Mailing Address 1619 hertiage lane						D I		Y Y		Ŷ
City mission	State TX	Zip Code 78572					SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	C					7			50.0	00
Name of Employer self-employee	Occupation physician		contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]							
Full Name (Last, First, Middle Initial) C. Charity Abreu				Date o	of Re	ceipt				
Mailing Address 1619 hertiage lane	21.1			M _ M 08		18		2011		Ŷ
City mission	State TX	Zip Code 78572	/				: SA11AI Receipt th		od	
FEC ID number of contributing federal political committee.	С		250 contribution			50.0	00			
Name of Employer	Occupation			ontribe						
self-employee Receipt For:	physician									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]							
SUBTOTAL of Receipts This Page (option	al)						1_0	52	25.0	0

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	-		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using					purp				
	-								
A. Charity Abreu Mailing Address 1619 hertiage lane City mission	State TX	Zip Code 78572			sactic	09 09			_
FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2250.00	C(ontribu	ution	<u> </u>		25	0.00
Full Name (Last, First, Middle Initial) B. Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2500.00			sactio	14 on ID :		nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) C. Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2750.00			saction nt of E	10 200 ID		nis Perioo	_
SUBTOTAL of Receipts This Page (optiona	l)		•				1.40	750	0.00

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

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

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

(check only one)

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		Detailed Summary Page		-		11b	11c		12		
Ar	y information copied from such Reports and Sta	atements ma	ly not be sold or used by any pe	erson	13 for the	pur	14 pose o	15 f soliciting		16 ntribut	17 ions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	licit co	ntrib	utions	from suc	h co	mmitte	e.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name (Last, First, Middle Initial) Charity Abreu				Date of	f Re	ceipt				
	Mailing Address 1619 hertiage lane				м м 12	/	09			011	Y
	City	State	Zip Code		Trans	act	ion ID :	: SA11AI	.164	34	_
	mission	ТХ	78572	_ 4	Amount	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.						,		_	250.	00
	Name of Employer	Occupation		c	ontribut	tion					
	self-employee	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		0000.00								
	Other (specify)		3000.00								
в.	Full Name (Last, First, Middle Initial) Ricardo Abreu				Date of	f Re	ceipt				
	Mailing Address 200 E. Xenops				м м 07	/	D 15		_ 20)) 11	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.			
	McAllen	TX	78504		Amount	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					,		_	150.	00
	Name of Employer	Occupation		- c	ontribut	ion					
	Self employed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		1050.00								
C.	Full Name (Last, First, Middle Initial) Ricardo Abreu				Date of	f Re	ceipt				
	Mailing Address 200 E. Xenops				м м 08	/	D 18			ү)11	Y
	City	State	Zip Code		Trans	act	ion ID	: SA11AI	.155	48	
	McAllen	TX	78504	4	Amount	t of	Each I	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С			150.00						
Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼						tion					
	Other (specify) ▼		1200.00								
s	UBTOTAL of Receipts This Page (optional)		•••••				7	- 7		550.0	00
-				- i	_			_	-	-	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		Detailed Summary Page		11a 13			11c	12	17
OF COMMITTEE (In Full) RDER HEALTH FEDERA	L PAC								
ame (Last, First, Middle Initial) (rdo Abreu g Address 200 E. Xenops en D number of contributing I political committee. of Employer mployed ot For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1350.00		09 Trans	saction t of Ea	09	SA11AI	nis Perioc	
ame (Last, First, Middle Initial) ardo Abreu g Address 200 E. Xenops en D number of contributing I political committee.	State TX C	Zip Code 78504		10 Trans	action t of Ea	14 10:	SA11AI	nis Perioc	
of Employer nployed ot For: Primary General Other (specify) v	physician	Year-to-Date ▼ 1500.00		Jinnbur					
ame (Last, First, Middle Initial) ardo Abreu g Address 200 E. Xenops en D number of contributing I political committee. of Employer mployed ot For: Primary General Other (specify) \checkmark	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1650.00		11 Trans	saction t of Ea	10 10) : SA11AI	2011 . 16203 nis Perioc	
	mation copied from such Reports ar nmercial purposes, other than using OF COMMITTEE (In Full) RDER HEALTH FEDERA ame (Last, First, Middle Initial) rdo Abreu g Address 200 E. Xenops en D number of contributing I political committee. of Employer nployed ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) rdo Abreu g Address 200 E. Xenops en D number of contributing I political committee. of Employer nployed ot For: Primary General D number of contributing I political committee. of Employer nployed ot For: Primary General D number of contributing I political committee. of Employer nployed ot For: Primary General D number of contributing I political committee. of Employer nployed t For: Primary General D number of contributing I political committee. of Employer nployed t For: Primary General D number of contributing I political committee. of Employer nployed t For: Primary General	mation copied from such Reports and Statements ma mercial purposes, other than using the name and ad OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC ame (Last, First, Middle Initial) rdo Abreu 9 Address 200 E. Xenops State ame (Last, First, Middle Initial) 1 political committee. of Employer 0 ccupation physician ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) rdo Abreu 9 Address 200 E. Xenops state ame (Last, First, Middle Initial) ame (Last, First, Middle Initial) ardo Abreu 9 Address 200 E. Xenops en TX D number of contributing 1 political committee. of Employer of C of Employer Occupation physician try C Aggregate Primary General Difference Primary General Aggregate Primary General Aggregate Primary General Aggregate Primary General Aggregate Primary General Primary General Primary General Primary General Primary General Primary General	Detailed Summary Page mation copied from such Reports and Statements may not be sold or used by any inmercial purposes, other than using the name and address of any political committe OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC ame (Last, First, Middle Initial) rdo Abreu j Address 200 E. Xenops State Zip Code an TX 78504 D number of contributing C i political committee. Occupation of Employer Occupation mployed physician att For: Or address 200 E. Xenops State g Address 200 E g A	Detailed Summary Page ▲ mation copied from such Reports and Statements may not be sold or used by any person finmercial purposes, other than using the name and address of any political committee to so OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC ame (Last, First, Middle Initial) Image: Color of Co	Detailed Summary Page X 11a nation copied from such Reports and Statements may not be sold or used by any person for the inmercial purposes, other than using the name and address of any political committee to solicit co OF OF COMMITTEE (In Full) C Data Data QP Address 200 E. Xenops Trans ann TX 78504 Amoun On umber of contributing Occupation physician C Of Employer Occupation physician Data or Primary General Aggregate Year-to-Date ▼ Trans Onumber of contributing C 10 Trans O horeu Address 200 E. Xenops Ta Ta 78504 Amoun Data or O number of contributing Occupation Data or Tass O number of contributing C Tass Mooun O number of contributing C Tass Tass O number of contributing C Tass Mooun Tass O number of contributing C Tass Mooun Interve O number of contributing	Detailed Summary Page 11/13 11/13 11/13 mation copied from such Reports and Statements may not be sold or used by any person for the pupperson for the pu	Detailed Summary Page X 11 is 11b 13 11b 11b 11b mation copied from such Reports and Statements may not be solid or used by any person for the purpose or morecial purposes, other than using the name and address of any political committee to solid contributions OF COMMITTEE (in Full) RDER HEALTH FEDERAL PAC ame (Last, First, Middle Initial) Date of Receipt 10 Address 200 20 20 11 a 12 0 0 12 Address 200 20 0 0 12 Address 200 20 0 0 12 Address 200 0 0 0 12 political committee. 0 0 0 12 political committee. 0 0 0 0 13 to for: 78504 78504 0 Amount of Each I 14 of 0 1350.00 1350.00 10 14 14 of 1 1500.00 1350.00 10 14 1500.00 11 1500.00 10 10 10 14 datas 21 Code 11 10 10 10 10	Detailed Suminary Page X 11a 11b 11c mation copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin minericial purposes, other than using the name and address of any political committee to solicit contributions from such OF COMMITTEE (in Full) Date of Receipt CP COMMITTEE (in Full) Date of Receipt 03 03 7 Address 200 E. Xenops State Zip Code Transaction 10: SA11AI Annount of Each Receipt the purpose of solution purposed physician TX 78504 D number of contributing C contribution contribution Polical committee. C contribution contribution Physician TX 78504 Aggregate Year-to-Date ▼ Date of Receipt Transaction 10: SA11AI TX 78504 Transaction 10: SA11AI Anount of Each Receipt the transaction 10: SA11AI Address 200 E. Xenops State Zip Code Transaction 10: SA11AI Andress 200 E. Xenops State Zip Code Transaction 10: SA11AI Anount of Each Receipt the purpose 200 E. Xenops TX 78504 Transaction 10: SA11AI Address 200	Detailed Summary Page 11a 11b 11c 12 12 nation copied from such Reports and Statements may not be solid or used by any person for the purposes of soliciting contributions from such commit Solid contributions from such commit OF COMMITTE (n Full) RDER HEALTH FEDERAL PAC Date of Receipt ame (Last, First, Middle Initial) 7do Abreu Date of Receipt Address 200 E. Xenops Transaction ID : SA11AL15770 Annum of Each Receipt this Period Nanount of Each Receipt this Period political committee. Occupation of Employer Occupation physician Aggregate Year-to-Date ▼ Transaction ID : SA11AL15790 Annount of Each Receipt this Period of Address 200 E. Xenops Tata Tata of Employer Occupation physician Transaction ID : SA11AL15790 Address 200 E. Xenops State Zip Code an TX 78504 Transaction ID : SA11AL15780 Aggregate Year-to-Date ▼ Contribution of Employer Occupation physician Tata Aggrega

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12	1		
Any information co	pied from such Reports a	nd Statements ma	y not be sold or used by any p	erson	13 for the	pu	14 rpose o	15 f soliciting	g contrib	outic	17 ons
			ddress of any political committee								
	IMITTEE (In Full) HEALTH FEDER	AL PAC									
A. Full Name (Las Ricardo Abra Mailing Address		State	Zip Code	_	Date o		09		2011 - 16435		Ý
McAllen		ТХ	78504					Receipt th		bd	
	FEC ID number of contributing federal political committee.				contribu		7			50.0	00
Name of Emplo	yer	Occupation			continou	luor					
Self employed											
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 1800.00								
Full Name (Las B. Ruben Abre	t, First, Middle Initial) 9 U				Date o	f R	eceipt				
Mailing Address	⁵ 104 augusta square				м м 07		D 15		2011	Y	
City		State	Zip Code		Trans	sact	ion ID	: SA11AI.	15332		
mcallen		ТХ	78503		Amoun	t of	Each	Receipt th	nis Perio	bd	
FEC ID number federal political	Ū	С					,		25	50.0	10
Name of Emplo	yer	Occupation		c	ontribu	tion					
self-employee		physician									
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 1750.00]							
Full Name (Las C. Ruben Abr	t, First, Middle Initial) eu				Date o	f R	eceipt				
Mailing Address	3 104 augusta square				м м 08	ľ	D 18		ү 2011		Y
City		State	Zip Code		Trans	sac	tion ID	: SA11AI	.15549		
mcallen		ТХ	78503	_	Amoun	t of	Each	Receipt th	nis Perio	bd	
FEC ID number federal political	Ū	C			250.00						
Name of Emplo	yer	Occupation			contribu	nor	1				
self-employee		physician									
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 2000.00								
SUBTOTAL of Re	eceipts This Page (optiona	al)		<u> </u>			,	3	65	50.0	0

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

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

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

FOR LINE NUMBER:

(check only one)

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		Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using the				for the		ose o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Coo TX 78503 C Occupation physician Aggregate Year-to-Date				saction	09 on ID		nis Perioo	_
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City	State Zip Cod	do	_	Date of	/	D 14		2011	Ŷ
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	TX 78503 C Occupation physician Aggregate Year-to-Date				t of I	-	: SA11AI. Receipt th	nis Perioo	1 D.00
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Coo TX 78503 C Occupation physician Aggregate Year-to-Date				sacti	10 on ID		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)			•			7	- 7	750	0.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	1		1b	11c	12		
Any information copied from such Report or for commercial purposes, other than					purpo					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-									
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square				Date o	f Rece	eipt		- Y - Y	V	
			12	,	09		2011			
City State Zip Code				Transaction ID : SA11AI.16436						
mcallen	ТХ	78503	A	moun	t of Ea	ach F	Receipt th	nis Period	t	
FEC ID number of contributing federal political committee.							7	25	0.00	
Name of Employer	Occupation		co	ontribu	ition					
self-employee	physician									
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General									
		, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial) B. Juan Aguilera	·		C	Date o	f Rece	eipt				
Mailing Address 807 North Cage				м м 07	/	D 15		2011	Y	
City	State	Zip Code		Trans	saction	n ID :	SA11AI.	15333		
Pharr TX 78577					Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C					7	250	0.00		
Name of Employer	Occupation		co	- contribution						
selfemployed	physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]							
Full Name (Last, First, Middle Initial) C. Juan Aguilera			C	Date o	f Rece	eipt				
Mailing Address 807 North Cage				м м 08	/	D 18		у у 2011	Y	
City Pharr	State TX	Zip Code 78577		Transaction ID : SA11AI.15550 Amount of Each Receipt this Period 250.00						
FEC ID number of contributing federal political committee.	C									
Name of Employer Occupation					ition					
selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2000.00	1							
SUBTOTAL of Receipts This Page (op	ional)				7		- 1	750	0.00	

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78577 ear-to-Date ▼ 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Juan Aguilera Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78577 ear-to-Date ▼ 2500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78577 ear-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)			750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11			11b	11c		12	
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson e to s	for t for t	he	purp	14 bose o utions	15 If soliciting from suc	g co ch cc	16 16 16 16 16	ions ee.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F											
Α.	Full Name (Last, First, Middle Initial) Juan Aguilera				Date	e of	Re	ceipt				
	Mailing Address 807 North Cage		7. 0. 1	_		2	/	09)	2	011	Y
	City Pharr	State TX	Zip Code 78577	_					: SA11AI			
			18571	_	Amo	ount	of	Each	Receipt tl	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С			250.00							
	Name of Employer	Occupation		- '	contr	ibut	ion					
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		3000.00									
в.	Full Name (Last, First, Middle Initial) Ms Sahar Alizy				Date	e of	Re	ceipt				
	Mailing Address 1609 Martin				М	™ 9	/		D / Y		у 011	Y
	City	State	Zip Code		Tra	ansa	acti		: SA11AI			
	McAllen	ТΧ	78504		Amo	ount	of	Each	Receipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С						,		_	25.	00
	Name of Employer	Occupation		— c	- contribution							
	selfemployed	private inves	stor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	1.99.094.0										
	Other (specify)		225.00									
с.	Full Name (Last, First, Middle Initial) Ms Sahar Alizy				Date	e of	Re	ceipt				
	Mailing Address 1609 Martin					 0	/	D 14			011	Y
	City	State	Zip Code		Tr	ans	acti	ion ID	: SA11AI	.159	88	
	McAllen	ТХ	78504		Amo	ount	of	Each	Receipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С			25.00					.00		
	Name of Employer	Occupation			contr	ibut	lion					
	selfemployed	private inve	stor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)		•••••	•				,	- 1		300.	00
				-					_			_

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be sold or used by any pe sing the name and address of any political committee	prson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC					
Full Name (Last, First, Middle Initial) A. Ms Sahar Alizy		Date of Receipt				
Mailing Address 1609 Martin	11 10 2011					
City	Transaction ID : SA11AI.16206					
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	- contribution				
selfemployed	private investor					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 275.00					
Full Name (Last, First, Middle Initial) B. Ms Sahar Alizy		Date of Receipt				
Mailing Address 1609 Martin	M M / D D / Y Y Y Y 12 09 2011					
City	State Zip Code	Transaction ID : SA11AI.16438				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	, , , , , , , , , , , , , , , , , , , ,				
Name of Employer	Occupation	- contribution				
selfemployed	private investor					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) C. Michael Alleyn		Date of Receipt				
Mailing Address 5505 N. 4th						
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15335 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
self-employed	private investor					
Receipt For:	Aggregate Year-to-Date ▼	7				
Other (specify) ▼	1750.00					
SUBTOTAL of Receipts This Page (opt	onal) Þ	300.00				

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

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

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

(check only one)

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14 15 16 17 purpose of soliciting contributions from such committee. 17 * Receipt 2011 2011 action ID : SA11AI.15552 250.00 * G Each Receipt this Period 250.00 * ion 2011 * Receipt 250.00 * of Each Receipt this Period 250.00 * Control = Contro = Contro = Contro = Control = Contro = Control = Contro = Contro
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action ID : SA11AI.15552 c of Each Receipt this Period 250.00 ion Receipt / D D / Y Y Y Y 09 2011 action ID : SA11AI.15767 c of Each Receipt this Period
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250.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501	Date of Receipt Date of Receipt 10 2011 Transaction ID : SA11AI.16207 Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: Primary General Other (specify) v	Occupation private inve Aggregate]
Full Name (Last, First, Middle Initial) B. Michael Alleyn Mailing Address 5505 N. 4th City mcallen	State TX	Zip Code 78501	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	C Occupation private inve Aggregate		250.00 contribution
Full Name (Last, First, Middle Initial) Ms Alex Ambriz Mailing Address 15253 Heather City Harlingen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt 09 09 2011 Transaction ID : SA11AI.15773 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)		525.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Ms Alex Ambriz Mailing Address 15253 Heather			Date of Receipt
City Harlingen	State TX	Zip Code 78552	10 14 2011 Transaction ID : SA11AI.15990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		contribution
Full Name (Last, First, Middle Initial) B. Ms Alex Ambriz Mailing Address 15253 Heather			Date of Receipt
City Harlingen FEC ID number of contributing federal political committee.	State TX	Zip Code 78552	Transaction ID : SA11AI.16208 Amount of Each Receipt this Period 25.00
Name of Employer self-employed Receipt For: Primary General Other (specify) v	Occupation private inve Aggregate		contribution
C. Ms Alex Ambriz Mailing Address 15253 Heather			Date of Receipt
City Harlingen	State TX	Zip Code 78552	12 09 2011 Transaction ID : SA11AI.16440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.00	
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		contribution
self-employed Receipt For: Primary General	private inve Aggregate	estor Year-to-Date ▼ 300.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11		
		erson for the purpose of soliciting contributions		
ſynah	Zin Code	Date of Receipt		
ributing	78501	Transaction ID : SA11AI.15337 Amount of Each Receipt this Period 250.00		
private inve Aggregate	stor	- contribution		
		Date of Receipt		
State TX	Zip Code 78501	Transaction ID : SA11AI.15554 Amount of Each Receipt this Period		
ee. Occupation private inve	stor	contribution		
		Date of Receipt		
State TX	Zip Code 78501	Transaction ID : SA11AI.15768 Amount of Each Receipt this Period		
ŝ.	250.00			
private inve Aggregate	stor	contribution		
	s, other than using the name and a E (In Full) TH FEDERAL PAC Middle Initial) Aynah C C C C C C C C C C C C C	m such Reports and Statements may not be sold or used by any p s, other than using the name and address of any political committee E (In Full) TH FEDERAL PAC Widdle Initial) Aynah State Zip Code TX 78501 ributing ee. C C C C C C C C C C C C C C C C C C		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Α.	Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah			Date of Receipt							
	City mcallen	State TX	Zip Code 78501	10 14 2011 Transaction ID : SA11AI.15991 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer self-employed	Occupation private inve		contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
в.	Full Name (Last, First, Middle Initial) Michael Amyx			Date of Receipt							
	Mailing Address 2108 Mynah	11 10 Y Y Y Y 11 10									
	City	State	Zip Code	Transaction ID : SA11AI.16209							
	mcallen	ТХ	78501	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer self-employed	Occupation private inve		contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00								
с.	Full Name (Last, First, Middle Initial) Michael Amyx			Date of Receipt							
	Mailing Address 2108 Mynah	12 09 2011									
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.16441 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer	Occupation									
	self-employed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	750.00							

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category Detailed Summary	y Page X 11a 11b 11c 12	
		ed by any person for the purpose of soliciting contributions from such committee to solicit contributions from such commi	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 07 15 07 15 2011 Transaction ID : SA11AI.15338 Amount of Each Receipt this Period 12 contribution	
Full Name (Last, First, Middle Initial) B. Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt Date of Receip	
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation physician Aggregate Year-to-Date ▼	Date of Receipt Date of Receip	
SUBTOTAL of Receipts This Page (optional)			5.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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116	MIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c		2	17				
	information copied from such Reports an r commercial purposes, other than using				for the		rpose o	f solicitin	g cont	ribut	tions				
	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC													
A	· · ·						Date of Receipt								
_	lailing Address 112 E. Xenops	State	Zip Code	10 14 2011 Transaction ID : SA11AI.15993											
	Icallen	ТХ	78504	_				Receipt t		-					
	EC ID number of contributing deral political committee.	С			ontribu	ution	,			125.	.00				
S	ame of Employer elfemployed	Occupation physician		c	ontribu	ution	1								
н	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]											
B	Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops				Date of Receipt										
IV						11 10 2011									
	ity Acculate	State TX	Zip Code	Transaction ID : SA11AI.16211											
F	Acallen EC ID number of contributing deral political committee.	C	78504		Amount of Each Receipt this Period 125.00					00					
S	ame of Employer elfemployed	Occupation physician		C(- contribution										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1375.00]											
	ull Name (Last, First, Middle Initial) Dr. Edwardo Aquino				Date c	of R	eceipt								
N	Mailing Address 112 E. Xenops					M M / D D / Y Y Y Y 12 09 2011									
	ity Acallen	State TX	Zip Code 78504					: SA11AI Receipt tl							
	EC ID number of contributing deral political committee.	125.00													
N	ame of Employer	Occupation			ontribu	utior	1								
	elfemployed	physician													
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼	1											
	Other (specify)		1500.00												
SU	BTOTAL of Receipts This Page (optiona	l)					, ,		;	375.(00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports and s or for commercial purposes, other than using th			for the		pose o	of soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL								
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1750.00		sact	15 ion ID		nis Perio	
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2000.00		sact	18 18		nis Perio	
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2250.00		sact	ion ID Each		nis Perio	
SUBTOTAL of Receipts This Page (optional)		·····			3		75	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	Any information copied from such Reports and 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									
Α.	Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City	State	Zip Code	Date of Receipt							
	mcallen	TX	78504	Transaction ID : SA11AI.15994 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer selfemployed	Occupation physician	1	Contribution							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00								
В.	Full Name (Last, First, Middle Initial) Dario Arango			Date of Receipt							
	Mailing Address 7004 <u>N. Cynthia</u> City	State	Zip Code	11 10 2011 Transaction ID : SA11AI.16212							
	mcallen	TX	78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer selfemployed	Occupation physician	1	contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dario Arango			Date of Receipt							
	Mailing Address 7004 N. Cynthia			12 09 / Y Y Y Y 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10							
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16443 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer	Occupation	1	contribution							
	selfemployed Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 3000.00								
	Other (specify) ▼	<u> </u>	1) I I I I I I I I I I I I I I I I I I I	750.00							

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		_	11b	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than us								
	-							
Full Name (Last, First, Middle Initial) A. Daisy Arce Mailing Address 129 Bluebird City Mcallen	State TX	Zip Code 78504		07 Trans	1 saction IE			
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 350.00	c	contribu	tion		50	0.00
Full Name (Last, First, Middle Initial) B. Daisy Arce Mailing Address 129 Bluebird	0111	7.0.4		м м 08		D / Y	2011	Y
City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 400.00			t of Each	D : SA11AI.	nis Period	0.00
Full Name (Last, First, Middle Initial) C. Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 450.00		09 Trans	(saction II t of Each		nis Period	
SUBTOTAL of Receipts This Page (optio	nal)						150	.00

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

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

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

(check only one)

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			Detailed Summary Page		×	11a 13		11b 14	11c		12 16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson to s	n fo soli	or the	pui pui pntrit	pose d	of solicitin	 g co ch co	ontribu	tions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC										
<u>د</u>	Full Name (Last, First, Middle Initial) Daisy Arce				D	Date o	of Re	eceipt				
	Mailing Address 129 Bluebird				ľ	M N	Λ /	, D 1			2011	Y
	City	State	Zip Code		1	Tran	sact	tion ID	: SA11A			
	Mcallen	ТХ	78504		А	mour	nt of	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С			l			7		_	50	.00
	Name of Employer	Occupation		-	co	ontribu	ution	l				
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3		11								
	Other (specify)		500.00	4								
B R	Full Name (Last, First, Middle Initial) Daisy Arce				Г)ate (of Be	eceipt				
2.	Mailing Address 129 Bluebird					M		D			Y	Y
	City	State	Zip Code		ł	11 T ron		1 iam 10			011	
	Mcallen	TX	78504						: SA11AI Receipt t			
			10001	\neg		anoui		Lacii	neceipi i	1115 1	enou	_
	FEC ID number of contributing federal political committee.	С			50.00					.00		
	Name of Employer	Occupation										
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)		550.00	4								
<u>с</u> .	Full Name (Last, First, Middle Initial) Daisy Arce				D	Date o	of Re	eceipt				
	Mailing Address 129 Bluebird				ľ	M 12	1	0	9		011	Y
	City	State	Zip Code		1		sac		: SA11A			
	Mcallen	ТХ	78504		А	mour	nt of	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С			ſ							0.00
		:			СС	ontrib	utior					
	Name of Employer	Occupation										
	selfemployed	physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		, 600.00									
s	UBTOTAL of Receipts This Page (optional)			 ►				7		-	150	.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEI		
Full Name (Last, First, Middle Initial) A. Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvd		Date of Receipt
City	State Zip Code TX 78537	09 09 2011 Transaction ID : SA11AI.15777
Donna FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 225.00	contribution
B. Full Name (Last, First, Middle Initial) Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvd		Date of Receipt
City	State Zip Code	10 14 2011
Donna FEC ID number of contributing federal political committee.	TX 78537	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Alejandro Arizmendi		Date of Receipt
Mailing Address 307 N 'D' Salinas Blvd		M M / D D / Y Y Y Y 11 10 2011
City Donna	StateZip CodeTX78537	Transaction ID : SA11AI.16214 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 275.00	
	nal)	75.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	ny information copied from such Reports and for commercial purposes, other than using t				for the	purpo	ose of	f soliciting	g contribu	itions		
	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	. PAC										
Α.	Full Name (Last, First, Middle Initial) Alejandro Arizmendi Mailing Address 307 N 'D' Salinas Blvd				Date o		eipt	D / Y	YY	Y		
	City Donna	State TX	Zip Code 78537					SA11AI.				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Peric						5.00		
	Name of Employer selfemployed Receipt For:	Occupation physician		contribution								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]								
В.	Full Name (Last, First, Middle Initial) Dr. Felipe Avila			_	Date o	f Rec	•					
	Mailing Address 104 W. 20th Street	State Zip Code				07 15 2011 Transaction ID : SA11AI.15342						
	Weslaco	TX	78596		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		contribution			125	5.00				
	Name of Employer self-employed	Occupation doctor										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00									
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Felipe Avila				Date o	f Rec	eipt					
	Mailing Address 104 W. 20th Street				м м 08	/	18		2011	Y		
	City Weslaco	State TX	Zip Code 78596					: SA11AI. Receipt th				
	FEC ID number of contributing federal political committee.	С			125.00							
	Name of Employer	Occupation			ontribu							
	self-employed Receipt For: Primary General Other (specify) ▼	doctor Aggregate	Year-to-Date ▼ 1000.00]								
	UBTOTAL of Receipts This Page (optional).								275	.00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than usir				or the	purpose			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-							
Full Name (Last, First, Middle Initial) A. Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing	State TX C	Zip Code 78596		M M 09 Trans	0 action ID		nis Period	
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation doctor	Year-to-Date ▼ 1125.00		ontribu	tion	<u> </u>		
Full Name (Last, First, Middle Initial) B. Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee.	State TX	Zip Code 78596	A	10 Trans	1 action ID t of Each	P / Y 4 : SA11AI. Receipt th	nis Period	y 1 5.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation doctor Aggregate	Year-to-Date ▼ 1250.00]	ontribut				
Full Name (Last, First, Middle Initial) C. Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation doctor Aggregate	Zip Code 78596 Year-to-Date ▼ 1375.00		M M 11 Trans	1 saction ID t of Each	0 / Y : SA11AI Receipt th	nis Period	1 5.00
SUBTOTAL of Receipts This Page (option	al)				- 7		375	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		ach category of the led Summary Page			11k		11c	12	
Any information copied from such Report or for commercial purposes, other than u			person for	the	purpose	e of sol			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-								
Full Name (Last, First, Middle Initial) A. Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Drimery	State Zip TX 785 C Occupation doctor Aggregate Year-to-I		 	ans: bunt	action of Eac	09 ID : SA		2011 6446 s Period	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		1500.00]						
B. Murphy Badiga Mailing Address 1503 S. Airport Suite 6	State Zip	Code	M	™)7	Receip	D 15		2011	Y
weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	TX 785 C C Occupation physician Aggregate Year-to-I			ount	of Eac			s Period	1).00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		2800.00]						
C. Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip TX 785 C Occupation physician Aggregate Year-to-I		Tr)8 <u>ans</u> ount	action of Eac	18 ID : SA		2011 5560 s Period	
SUBTOTAL of Receipts This Page (opti	nal)				9		7	925	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 3600.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Murphy Badiga Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 4000.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Murphy Badiga Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 4400.00	Date of Receipt Table of Receipt Table of Receipt Table of Receipt Transaction ID : SA11AI.16216 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 F	orm 3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78596 C Occupation Occupation Aggregate Year-to-Date ▼ 4800.00	Date of Receipt 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 McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Orcupation Private investor Aggregate Year-to-Date ▼ 350.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ms Susan Bajus Mailing Address 5705 North 4th City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 400.00	Date of Receipt Mark Participation 08 18 2011 Transaction ID : SA11AI.15561 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		500.00

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

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SCHEDULE A	(FEC	Form	3X)				
ITEMIZED RECEIPTS							

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

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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12							
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC															
Α.	Full Name (Last, First, Middle Initial) Ms Susan Bajus			[Date o	of Re	eceipt										
	Mailing Address 5705 North 4th				м м 09	/	09			011	Y						
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.157	80							
	McAllen	TX	78504	/	Amoun	t of	Each I	Receipt th	nis F	^v eriod							
	FEC ID number of contributing federal political committee.	С					7		_	50.	00						
	Name of Employer	Occupation		C(ontribu	ition											
	selfemployed	private inve	stor														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General																
	Other (specify)	L	450.00														
B.	Full Name (Last, First, Middle Initial) Ms Susan Bajus			1	Date o	of Re	eceipt										
Mailing Address 5705 North 4th						Date of Receipt											
	City	State	Zip Code	- 1				SA11AI.									
	McAllen	TX	78504					Receipt th									
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	federal political committee.	С					7	7	-	50.	00	I,					
	Name of Employer	Occupation		co	ontribu	tion											
	selfemployed	private inve	stor														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General																
	Other (specify)		500.00														
C.	Full Name (Last, First, Middle Initial) Ms Susan Bajus				Date o	of Re	eceipt										
	Mailing Address 5705 North 4th				M M	/	10			011	Y						
	City	State	Zip Code		Trans	sact	tion ID	: SA11AI	.162	:17							
	McAllen	ТΧ	78504	/	Amoun	t of	Each I	Receipt th	nis F	Period							
	FEC ID number of contributing	\mathbf{C}								50	.00	1					
	federal political committee.	С		C	ontribu	ution	7	7	-	50	.00	1					
	Name of Employer	Occupation															
	selfemployed	private inve	stor														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify)		550.00														
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TOTAL This Period (last page this line number only).....

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SCHEDULE A	(FEC Form 3X)					
ITEMIZED RECEIPTS						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		〈 11a		11b	11c	12								
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	y information copied from such Reports and for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC															
Α.	Full Name (Last, First, Middle Initial) Ms Susan Bajus						Date of Receipt										
	Mailing Address 5705 North 4th		12 09 / Y Y Y Y 2011														
	City McAllen	State Zip Code TX 78504					Transaction ID : SA11AI.16448										
			70504		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			contribu	tion	7		5	0.00							
	Name of Employer	Occupation			contribu	itior	1										
	selfemployed	private inve	stor														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General		600.00	11													
	Other (specify)																
в.	Full Name (Last, First, Middle Initial)						eceipt										
	Mailing Address 501 Mockingbird Lane						07 15 _2011 _										
	City	State	Zip Code		Trans	sac	tion ID :	: SA11AI.		_							
	mcallen	ТХ	78501		Amoun	t o	f Each I	Receipt th	nis Perio	d							
	FEC ID number of contributing federal political committee.	С			50.00												
	Name of Employer	Occupation		c	ontribu	tion	l										
	self-employed	physician															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00														
	Full Name (Last, First, Middle Initial) Cayetano Barrera				Date o	of R	eceipt										
	Mailing Address 501 Mockingbird Lane						/ 18		2011	Y							
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	15562								
	mcallen	ТХ	78501		Amoun	t of	f Each I	Receipt th	is Perio	d							
	FEC ID number of contributing federal political committee.	С					3		5	0.00							
	Name of Employer	Occupation		- '	contribu	IOIJ	1										
	self-employed	physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General	00 - 0		1													
	Other (specify)		400.00														
s	UBTOTAL of Receipts This Page (optional)			 ▶		l	7		15	0.00]						

TOTAL This Period (last page this line number only).....
SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a		11b	11c	12	
	y information copied from such Reports and for commercial purposes, other than using					purp				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Α.	Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane	State	Zip Code		Date o	/	. 09		2011 1 5781	Y
	The formation of the fo	С	78501		Amoun		Each F	Receipt th		I D.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 450.00		Untribu					
В.	Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane				Date o	f Rec		D / Y	2011	Ŷ
	City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501					: SA11AI. Receipt th	is Period	I).00
	Name of Employer self-employed	Occupation physician		c	ontribu	tion	7			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
C.	Full Name (Last, First, Middle Initial) Cayetano Barrera				Date o	f Red	ceipt			
	Mailing Address 501 Mockingbird Lane	State	Zip Code		11 Trans		10 on ID		2011 16218	Y
	FEC ID number of contributing federal political committee.	С	78501		Amoun	it of E	Each F	Receipt th		I D.00
	Name of Employer self-employed Receipt For:	Occupation physician		(contribu	ution				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]						
s	UBTOTAL of Receipts This Page (optional).			•			7	7	150	.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation Occupation Aggregate Year-to-Date ▼ 600.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16449 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer		Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General ○ Other (specify) ▼	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 875.00	Transaction ID : SA11AI.15346 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation Image: Comparison of the state of th	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15563 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		300.00

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

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

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12	17	
	y information copied from such Reports and for commercial purposes, other than using t				for the		oose o	f soliciting	g contribu	utions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Α.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer				Date o		D		Y Y	Y	
	City	State	Zip Code		09		09) : SA11AI.	2011	_	
	mcallen	TX	78504					Receipt th		4	
	FEC ID number of contributing federal political committee.	С					,			5.00	
	Name of Employer	Occupation	I	C	ontribu	ition					
	self-employed	private inve	stor								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1125.00								
В.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera				Date o	f Re	ceipt				
	Mailing Address 3000 Yellowhammer				M M	/	D 14		_ 2011	Y	
	City	State	Zip Code		Trans	sacti	on ID :	SA11AI.			
	mcallen	ТХ	78504		Amoun	t of	Each I	Receipt th	nis Period	k	
	FEC ID number of contributing federal political committee.	С					,		12:	5.00	
	Name of Employer	Occupation	1	c	ontribu	tion					
	self-employed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera				Date o	f Re	ceipt				
	Mailing Address 3000 Yellowhammer				^M 11	/	D 10		2011	Y	
	City	State	Zip Code		Tran	sacti	ion ID	: SA11AI	16219		
	mcallen	ТХ	78504		Amoun	t of	Each I	Receipt th	nis Period	k	
	FEC ID number of contributing federal political committee.	С					7		12	5.00	
	Name of Employer	Occupation			contribu	ition					
	self-employed	private inve	estor								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1375.00]							
s	UBTOTAL of Receipts This Page (optional).		I				7		375	5.00	

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

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

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		1b 4	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir				or the	purpo	se of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer			D	ate o M M	f Rece	eipt 09		2011	Y
City mcallen	State TX	Zip Code 78504					SA11AI Receipt th	16450	1
FEC ID number of contributing federal political committee.	С						3	12	5.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		co	ntribu	tion				
B. Ricardo Barrera Mailing Address 420 Frio			_	ate o	f Rece	eipt	D / Y	YY	Y
City	State	Zip Code	-	07 Trans	action	15 n ID :	SA11AI.	2011 15347	
mission FEC ID number of contributing federal political committee.	С	78572	A	moun	t of Ea	ach F	Receipt th).00
Name of Employer self-employed	Occupation physician		cor	ntribut	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00							
Full Name (Last, First, Middle Initial) C. Ricardo Barrera			D	ate o	f Rece	eipt			
Mailing Address 420 Frio				м м 08	1	D 18		у у 2011	Y
City mission	State TX	Zip Code 78572					: SA11AI Receipt th		1
FEC ID number of contributing federal political committee.	С				,			25	0.00
Name of Employer	Occupation	I	CO	ontribu	ition				
self-employed	physician								
Receipt For:	Aggregate	Year-to-Date ▼ 2000.00							
Other (specify) ▼ SUBTOTAL of Receipts This Page (option		2000.00						625	5.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using				or the	purpose	of solicitin	ng contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name (Last, First, Middle Initial) A. Ricardo Barrera Mailing Address 420 Frio City mission	State TX	Zip Code 78572		09 Trans	action I	t 09 D : SA11A n Receipt t		
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2250.00	CC	ontribu	tion		250	0.00
B. Full Name (Last, First, Middle Initial) Mailing Address 420 Frio	State	Zip Code		м м 10	Ľ	t 14 D : SA11AI	2011 1.16002	Ŷ
mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician Aggregate	78572 Year-to-Date ▼ 2500.00		Amount		n Receipt t	this Period 250	_
Full Name (Last, First, Middle Initial) C. Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2750.00	A	M M 11 Trans	action I t of Each		this Period	
SUBTOTAL of Receipts This Page (optiona	al)						750	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	ECEIPTS		for each category of the Detailed Summary Page	X	11a 13		1b 4	11c	12	17
			y not be sold or used by any p ddress of any political committe		or the	purpo	se of	f soliciting	g contrib	utions
	IMITTEE (In Full) HEALTH FEDERA	AL PAC								
A. Full Name (Las Ricardo Bar Mailing Address					M M	of Rece	D I I		YY	Y
City		State	Zip Code		12 Trans	sactior	09 n ID :	SA11AI	2011 . 16451	
mission FEC ID number federal political		С	78572		Amoun	nt of Ea	ach F	Receipt th		d 60.00
Name of Emplo self-employed Receipt For: Primary Other (sp	General	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	C(ontribu	ition				
	t, First, Middle Initial) nanyan Behara		7 7 7 8 8		Date o	of Rece	eipt	D / Y	Y Y	Y
City		State	Zip Code	-	07 Trans	saction	15 י ח ו ר	SA11AI.	2011 15348	_
mcallen		ТХ	78504					Receipt th		d
FEC ID number federal political		С								0.00
Name of Emplo self-employed	yer	Occupation physician		cc	ontribu	tion				
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 2800.00							
	t, First, Middle Initial) manyan Behara				Date o	of Rece	eipt			
Mailing Address	121 Cardinal				м м 08	/	D 18		2011	Y
City mcallen		State TX	Zip Code 78504	4				SA11AI Receipt th		d
FEC ID number federal political	0	C							40	00.00
Name of Emplo	yer	Occupation		C(ontribu	ution				
self-employed		physician								
Receipt For: Primary Other (sp	General	Aggregate	Year-to-Date ▼ 3200.00							
SUBTOTAL of Re	eceipts This Page (optiona	ıl)						5	105	0.00

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		each category of the ailed Summary Page	11a		1b ₄	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us			for the	purpo	se of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-							
Full Name (Last, First, Middle Initial) A. Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼		p Code 8504 D-Date ▼ 3600.00	09 Trans	saction it of Ea	09 n ID :		nis Period	_
B. Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen		p Code 3504	10 Trans	saction	14 1 D :			Y
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate Year-to	o-Date ▼ 4000.00	ontribu					0.00
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼		p Code 3504 D-Date ▼ 4400.00	11 Trans	it of Ea	10 n ID		nis Perioo	t 0.00
SUBTOTAL of Receipts This Page (option	nal)			. ,			1200).00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Report or for commercial purposes, other than			erson for the	purpose c	of soliciting	contribut	tions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-											
A. Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal			Date o	f Receipt	D / Y	YY	Y					
City	State	Zip Code	12 12	09 saction ID	9 :SA11AI.1	2011 6452						
mcallen	TX	78504	Amoun	t of Each	Receipt thi	s Period						
FEC ID number of contributing federal political committee.	С		contribu	tion		400	.00					
Name of Employer self-employed	Occupation physician		Contribu	lion								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4800.00]									
Full Name (Last, First, Middle Initial) B. Juan Bernini			Date o	f Receipt								
Mailing Address 2804 Santa Ana			07	/ D 1		y y 2011	Y					
City	State	Zip Code	Trans		: SA11AI.1		2011 349					
mission	ТХ	78574	Amoun	t of Each	Receipt thi	s Period						
FEC ID number of contributing federal political committee.	C											
Name of Employer self-employed	Occupation physician			ion								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1750.00	1									
Full Name (Last, First, Middle Initial) C. Juan Bernini			Date of	f Receipt								
Mailing Address 2804 Santa Ana						2011	Y					
City mission	State TX	Zip Code 78574	Trans	saction ID	: SA11AI.1 Receipt thi	5566						
FEC ID number of contributing federal political committee.	С					250						
Name of Employer	Occupation		contribu	tion								
self-employed	physician											
Receipt For:		Year-to-Date ▼										
Other (specify)		2000.00	1									
SUBTOTAL of Receipts This Page (opt	ional)					900.	.00					

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	R LINE eck only 11a 13	NUMBER / one) 11b 14	: 	PAGE 11c 15	5 OI 12 16	outions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from such co									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								

\bigvee	BORDER HEALTH FEDERALI	AC	
Α.	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		M = M / D = D / Y = Y = Y Y 09 09 2011
	City	State Zip Code	Transaction ID : SA11AI.15785
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer	Occupation	contribution
	self-employed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify)	2250.00	
В.	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		10 14 _2011 _
	City	State Zip Code	Transaction ID : SA11AI.16004
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
с.	Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt
	Mailing Address 2804 Santa Ana		M M / D D / Y Y Y Y 11 10 2011
	City mission	StateZip CodeTX78574	Transaction ID : SA11AI.16222 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	self-employed	physician	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	2750.00	

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750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 1. AL

SCHEDULE A (FEC Form	3X)
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC		
Full Name (Last, First, Middle Initial) A. Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 3000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Sarojini Bose Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15350 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 1750.00	<pre>contribution</pre>
C. Full Name (Last, First, Middle Initial) Mailing Address 7007 N 1st Lane	State TX	Zip Code 78504	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 2000.00	250.00 contribution
SUBTOTAL of Receipts This Page (optional)			750.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF 4 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any	13 14 15 16 person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	PAC	
Full Name (Last, First, Middle Initial) A. Sarojini Bose		Date of Receipt
Mailing Address 7007 N 1st Lane		M M / D D / Y Y Y Y Y 09 09 _ 2011 _
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.15786 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution
Full Name (Last, First, Middle Initial) B. Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Sarojini Bose	2300.00	Date of Receipt
Mailing Address 7007 N 1st Lane		11 10 / Y Y Y Y 2011
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.16223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution

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Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use for Det
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e separate schedule(s) each category of the tailed Summary Page

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TTEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12 16	<u> </u>	17	
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements ma og the name and a	ay not be sold or used by any p ddress of any political committe	erson t e to so	for the	pur ntrit	pose o	f solicitir	ig co ch co	ntribut	tions	<u></u>	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC											
Full Name (Last, First, Middle Initial) A. Sarojini Bose Mailing Address 7007 N 1st Lane				Date o		D			011	Y		
City mcallen	State TX	Zip Code 78504		Trans			, : SA11A Receipt 1	I.164	54			
FEC ID number of contributing federal political committee.	С					7	7	_	250	.00		
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	c	ontribu	ition							
Full Name (Last, First, Middle Initial) B. Francisco Bracamontes Mailing Address 2005 Cimarron Court				Date o	f Re	eceipt	ר ס	Y Y	Ý	Y		
City	State	Zip Code					SA11A	1.153				
mission FEC ID number of contributing federal political committee.	С	78572		Amount of Each Receipt this Period 250.00								
Name of Employer self-employed	Occupation physician	1	C(ontribu	tion							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00										
Full Name (Last, First, Middle Initial) C. Francisco Bracamontes				Date o	f Re	eceipt						
Mailing Address 2005 Cimarron Court				м м 08	/	D 18			ү 011	Y		
City mission	State TX	Zip Code 78572					: SA11A Receipt 1					
FEC ID number of contributing federal political committee.	C			ontribu	ition	7		_	250	.00		
Name of Employer self-employed	Occupation physician			ontribu								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	1									
SUBTOTAL of Receipts This Page (option	al)							_	750.	00	ī	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi			for the	purpose	of solicitin	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2250.00	 09 Trans	saction I t of Each		his Perioc	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2500.00	10 Trans	action II t of Each	t 14 D : SA11AI n Receipt t	his Perioc	9 0.00
Full Name (Last, First, Middle Initial) C. Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2750.00	 11 Trans	saction I t of Each		his Perioc	t 0.00
SUBTOTAL of Receipts This Page (option	nal)			7	,		0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12		17
				ny person for the purpose of soliciting contrib						
NAME OF COMMITTEE (In Full)										
Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed	physician			12 Trans Amour	sacti	ion ID) : SA11AI	2011 .16455 his Perio	bd	00
Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court	State	Zin Code		M N 07	/	D 15	5	2011		Y
Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	physician	78572		Amour	nt of			his Perio		10
Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	physician			08 Tran Amour	sacti	18 ion ID	3 : SA11A	2011 .15569 his Perio	bd	
	y information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	y information copied from such Reports and Statements ma for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	y Information copied from such Reports and Statements may not be sold or used by any j for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer self-employed Physician Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court City State Zip Code TX 78572 FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ C C State Zip Code TX 78572 FEC ID number of contributing federal political committee. C Name of Employer Selfemployed Primary General Other (specify) ▼ C C C C C C C C C C C C C C C C C C C	y Information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Francisco Bracamonites Mailing Address 2005 Cimarron Court City State Zip Code mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court City State Zip Code TX 78572 FEC ID number of contributing federal political committee. C C State Zip Code TX 78572 FEC ID number of contributing federal political committee. C State Zip Code TX 78572 FEC ID number of contributing federal political committee. C Name of Employer State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer State Zip Code TX 78572 FEC ID number of contributing federal political committee. C State Zip Code TX 78572 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. C State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Name of Employer State Zip Code Physician Receipt For: Primary General Aggregate Year-to-Date ▼	Detailed Summary Page ▲ 11a 11a y information copied from such Reports and Statements may not be sold or used by any person for the for commercial purposes, other than using the name and address of any political committee to solicit co NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Date of 12 Full Name (Last, First, Middle Initial) Francisco Bracamontes Date of 12 Mailing Address 2005 Cimarron Court TX City State Zip Code TX Primary General C Primary General Occupation physician C Receipt For: Aggregate Year-to-Date ▼ Occupation physician Date of 07 Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Date of 07 Or 07 Maiing Address 2005 Cimarron Court C 07 City State Zip Code TX Tram Amour FEC ID number of contributing federal political committee. C 07 Maiing Address 2005 Cimarron Court C 07 City State Zip Code TX Tam 78572 Maiing Address 2005 Cimarron Court C 07 City State <	Detailed Summary Page ▲ 11a 13 y Information copied from such Reports and Statements may not be sold or used by any person for the purport or commercial purposes, other than using the name and address of any political committee to solicit contrib NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Francisco Bracamontes Date of Re Mailing Address 2005 Cimarron Court TX City State Zip Code Tix 78572 FEC ID number of contributing federal political committee. 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TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and ac	y not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC		
Full Name (Last, First, Middle Initial) A. Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court			Date of Receipt
City	State	Zip Code	09 09 2011 Transaction ID : SA11AI.15788
Mission FEC ID number of contributing	С	78572	Amount of Each Receipt this Period
federal political committee.	Occupation		
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court			Date of Receipt
City	State	Zip Code	10 14 2011
Mission	TX	78572	Transaction ID : SA11AI.16007 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Dr. Yvonne Bracamontes			Date of Receipt
Mailing Address 2005 Cimarron Court			M = M / D = D / Y = Y = Y = Y Y 11 10 2011 11 10
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.16225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer selfemployed	Occupation physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]
SUBTOTAL of Receipts This Page (optic	nal)		150.00

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

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

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b 14	11c	12	<u> </u>
	I nation copied from such Reports and Statements may not be sold or used by any nmercial purposes, other than using the name and address of any political committ								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		ddress of any political committee				utions	from suc	n commi	lee.
Full Name (Last, First, Middle Initial) A. Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court				Date o		ceipt		2011	Y
City Mission	State TX	Zip Code 78572		Trans		on ID	; : SA11AI Receipt th	.16456	4
FEC ID number of contributing federal political committee.	С					,	7		D.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 600.00		ontribu	ition				
Full Name (Last, First, Middle Initial) B. Robert Brace			(Date o	f Re	ceipt			
Mailing Address 2000 N. 8th Street	21.1			м м 07	/	D 15		2011	Y
City mcallen	State TX	Zip Code 78501					: SA11AI.		
FEC ID number of contributing federal political committee.	С			Amoun	it of	Each I	Receipt th		1).00
Name of Employer self-employed	Occupation physician		co	ontribu	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]						
Full Name (Last, First, Middle Initial) C. Robert Brace				Date o	f Re	ceipt			
Mailing Address 2000 N. 8th Street				M M	/			y y 2011	Y
City mcallen	State TX	Zip Code 78501					: SA11AI Receipt th		1
FEC ID number of contributing federal political committee.	С			ontribu	tion	,		40	0.00
Name of Employer	Occupation		C	oninot	llion				
self-employed	physician								
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		3200.00]						
SUBTOTAL of Receipts This Page (optional)								850	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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			Detailed Summary Page		X	-		11b	11c	12	ſ	
Any info	rmation copied from such Reports an ommercial purposes, other than using	d Statements ma	l ay not be sold or used by any p iddress of any political committee	erson	n fo	13 or the	pui	14 pose c	15 of soliciting	g contrib	outic	0ns
NAM	E OF COMMITTEE (In Full) RDER HEALTH FEDERA											
	Name (Last, First, Middle Initial) Dert Brace				Г)ate c	of Be	eceipt				
	ng Address 2000 N. 8th Street				l	M N 09		09		2011		7
City		State	Zip Code		1		sact		: SA11AI			
mca	len	ТХ	78501		A	mour	nt of	Each	Receipt th	nis Peric	bd	
	ID number of contributing al political committee.	С						,		4(00.0	00
Name	e of Employer	Occupation	l	-	СС	ontribu	ution					
self-e	employed	physician										
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	Primary General Other (specify)		3600.00	1								
	Name (Last, First, Middle Initial) Dert Brace			+		Date c	of Re	eceipt				
	ng Address 2000 N. 8th Street				I	M N	/	D 14		2011	Y	
City		State	Zip Code	L		Trans	sact	ion ID	: SA11AL	.16008	_	
mcal	len	ТХ	78501		Α	mour	nt of	Each	Receipt th	nis Peric	bd	
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Name	e of Employer	Occupation	l	-	co	ntribu	ition					
self-e	mployed	physician										
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	Primary General Other (specify)		4000.00	1								
	Name (Last, First, Middle Initial) bert Brace					Date o	of Re	eceipt				
Mailir	ng Address 2000 N. 8th Street				I	M N		1		2011	- 1	r
City mca	llen	State TX	Zip Code 78501	_	_				: SA11AI Receipt tl			_
	ID number of contributing al political committee.	С			Į			,	100001011		00.C)0
Name	e of Employer	Occupation	I		CC	ontribu	ution	1				
self-e	employed	physician										
	ipt For:	Agaregate	Year-to-Date ▼									
	Primary General Other (specify)		4400.00	1								
SUBTO	OTAL of Receipts This Page (optional)			 ▶	[7	7	120	0.0	0

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Sur V Dogo

FOR LINE NUMBER:

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	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Statements may not be sold or used by any point for commercial purposes, other than using the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) A. Robert Brace Mailing Address 2000 N. 8th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 4800.00	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16457 Amount of Each Receipt this Period 400.00 contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 1912 Trinity		Date of Receipt
City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	09 09 2011 Transaction ID : SA11AI.15791 Amount of Each Receipt this Period 25.00 contribution
C. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Desi Canals Mailing Address 1912 Trinity City Mission	State Zip Code TX 78574	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	Occupation physician Aggregate Year-to-Date V	Amount of Each Receipt this Period 25.00 contribution

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$						
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.						
Full Name (Last, First, Middle Initial) A. Desi Canals Mailing Address 1912 Trinity City Mission FEC ID number of contributing	Desi Canals Iailing Address 1912 Trinity ity State Zip Code Aission TX 78574							
federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 275.00	contribution						
Full Name (Last, First, Middle Initial) B. Desi Canals Mailing Address 1912 Trinity		Date of Receipt						
City <u>Mission</u> FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 300.00	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 mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation Occupation private investor 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).		▶ 450.00						

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

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12	
Any information copied from such Reports									
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		ddress of any political committe	e to so	olicit co	ntrik	outions	from suc		tee.
Full Name (Last, First, Middle Initial) A. Alonzo Cantu Mailing Address P.O.Box 2673 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78502 stor Year-to-Date ▼ 3200.00			sact	18 ion ID		nis Perioo	
B. Hull Name (Last, First, Middle Initial) Mailing Address P.O.Box 2673	Ionzo Cantu								Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State TX Occupation private invest				t of		: SA11AI. Receipt th	nis Perioo	1 D.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Alonzo Cantu	Aggregate	Year-to-Date ▼ 3600.00]	Date o	f Be				
Mailing Address P.O.Box 2673 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78502 stor Year-to-Date ▼ 4000.00		10 Trans	sact t of	ion ID Each F		nis Perioc 40	
SUBTOTAL of Receipts This Page (optic	onal)					7	7	1200).00

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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Alonzo Cantu Mailing Address P.O.Box 2673	State	Zip Code	Date of Receipt
mcallen	TX	78502	Transaction ID : SA11AI.16229 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer	Occupation		contribution

private investor Aggregate Year-to-Date ▼

3

Receipt For:	Ad
Primary General	
Other (specify)	

Full Name (Last, First, Middle Initial)

self-employed

B. Alonzo Cantu						
Mailing Address P.O.Box 2673		12 09 _2011 _				
City	State Zip Code	Transaction ID : SA11AI.16460				
mcallen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer self-employed	Occupation private investor	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	-				
Full Name (Last, First, Middle Initial) C. Dr. Leonel Cantu		Date of Receipt				
Mailing Address 2102 Deborah		07 15 2011				
City	State Zip Code	Transaction ID : SA11AI.15357				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
Self employed	physician					

4400.00

435

17

Other (specify)	350.00							
SUBTOTAL of Receipts This Page (optional)	▶		,		,	850.00	0	
TOTAL This Period (last page this line number	only)		,		7			

Aggregate Year-to-Date ▼

Receipt For:

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

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

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	EMIZED RECEIPTS		Detailed Summary Page		_	1a		11b	11c		12					
Ar	y information copied from such Reports and S	Statements ma	l ay not be sold or used by any pe	erson	for	3 the	purp	14 bose o	15 f solicitin	 g_cor	16 ntribut	tions				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olici	t co	ntrib	utions	from suc	:h coi	mmitt	ee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC														
A .	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu				Da	te o	f Re	ceipt								
	Mailing Address 2102 Deborah				M	м 08	/	18))))	Y				
	City	State	Zip Code		Т	rans	sacti		: SA11A							
	Edinburg	ТХ	78539		Am	ioun	t of	Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С						7	7	_	50	.00				
	Name of Employer	Occupation	1		con	tribu	tion									
	Self employed	physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		100.00	11												
	Other (specify)		400.00													
B R	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu				Da	te o	f Bo	ceipt								
υ.	Mailing Address 2102 Deborah			_							V	V				
	Walling Address 2102 Deboran					09 09 2011										
	City	State Zip Code							Transaction ID : SA11AI.15793							
	Edinburg	ТХ	78539						Receipt t							
	FEC ID number of contributing federal political committee.	С						,		_	50.	.00				
	Name of Employer	Occupation	1	—	cont	ribut	tion									
	Self employed	physician														
	Receipt For:		Year-to-Date ▼	_												
	Primary General	Aggregate		11												
	Other (specify)	L	3 450.00													
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Leonel Cantu				Da	te o	f Re	ceipt								
	Mailing Address 2102 Deborah				M	м 10	/	D 14)11	Y				
	City	State	Zip Code		T	rans	sacti	ion ID	: SA11A							
	Edinburg	ТХ	78539		Am	ioun	t of	Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.							,		_	50	.00				
	Name of Employer		con	tribu	tion											
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	Receipt For:	-														
	Primary General	Ayyreyale	Year-to-Date ▼	11												
	Other (specify)	L	500.00													
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>				,		_	150.	00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Dr. Leonel Cantu Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed	Dr. Leonel Cantu Mailing Address 2102 Deborah City State Edinburg TX FEC ID number of contributing federal political committee. Name of Employer Occupation							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00]					
Full Name (Last, First, Middle Initial) B. Dr. Leonel Cantu Mailing Address 2102 Deborah	Dr. Leonel Cantu							
City Edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Transaction ID : SA11AI.16461 Amount of Each Receipt this Period 50.00					
Name of Employer Self employed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 600.00	contribution					
Full Name (Last, First, Middle Initial) C. Ms Melissa Cantu			Date of Receipt					
Mailing Address 1201 S. Gumwood City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Zip Code 78577 stor Year-to-Date ▼ 350.00	M M M / D D / 2011 Transaction ID : SA11AI.15358 Amount of Each Receipt this Period 50.00 contribution						
SUBTOTAL of Receipts This Page (option	al)		150.00					

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

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		led Summary Page		< 11a		11b	11c	12	г	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC									
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City Pharr FEC ID number of contributing	TX 785	Code 577			sacti	18 ion ID		nis Peri	1 iod	
federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	C Occupation private investor Aggregate Year-to-	Date ▼ 400.00]	contribu	ition	/y1			50.0	0
Full Name (Last, First, Middle Initial) B. Ms Melissa Cantu Mailing Address 1201 S. Gumwood City	State Zip	Code		Date o	/	09) SA11AI.	2011		
Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	TX 785 C Occupation private investor Aggregate Year-to-	.77	(t of	-	Receipt th	nis Peri	iod 50.0	0
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip TX 785 C Occupation private investor Aggregate Year-to-				/ sacti t of	ion ID		nis Peri		
SUBTOTAL of Receipts This Page (optional)			▶ _			7	3	1	50.0	0

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood			Date of Receipt
		Ctoto	Zin Codo	11 10 2011
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.16231 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	
	self-employee	private inve	estor	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		550.00	
В.	Full Name (Last, First, Middle Initial) Ms Melissa Cantu			Date of Receipt
	Mailing Address 1201 S. Gumwood			12 09 2011
	City	State	Zip Code	Transaction ID : SA11AI.16462
	Pharr	ТХ	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	l	contribution
	self-employee	private inve	stor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial) Carlos Cardenas			Date of Receipt
	Mailing Address 1000 N. Taylor Road			07 15 2011
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.15359
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	contribution
	self-employed	physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify) ▼		2800.00	
s	UBTOTAL of Receipts This Page (optional).			500.00

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

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any p ng the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1000 N. Taylor Road		08 18 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15576
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	3200.00	
Full Name (Last, First, Middle Initial) B. Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor Road		M = M / D = D / Y = Y = Y
City	State Zip Code	09 09 2011
mcallen	TX 78501	Transaction ID : SA11AI.15795 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	3600.00	
Full Name (Last, First, Middle Initial) C. Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor Road		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16014
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		-
Other (specify)	4000.00	
SUBTOTAL of Receipts This Page (option	nal)	▶ 1200.00

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

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

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

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c	12	F	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any puddress of any political committee	erson	13 for the dicit cor	purpo	14 ose of tions	f soliciting from suc	g contrit	outior	17 15
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA										
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road				Date of	_	eipt	D / Y	Y Y		1
City mcallen	State TX	Zip Code 78501					: SA11AI			_
FEC ID number of contributing federal political committee.	C				. ,	ach F	Receipt th		od 00.00)
Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	c	ontribut	tion					
Primary General Other (specify) ▼		4400.00								
Full Name (Last, First, Middle Initial) B. Carlos Cardenas Mailing Address 1000 N. Taylor Road			_	Date of	f Rec	D I I		Y Y	Y	1
City mcallen	State TX	Zip Code 78501) : SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	С				. ,		10001011		00.00	
Name of Employer self-employed	Occupation physician		C	ontribut	ion					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4800.00								
Full Name (Last, First, Middle Initial) C. Jose Carreras				Date of	f Rec	eipt				
Mailing Address 1016 E. Griffin Parkway	Charles	Zie Oode		07		D 15	5	2011	Y]
City mission	State TX	Zip Code 78572					: SA11AI Receipt th		bd	
FEC ID number of contributing federal political committee.	С		c	ontribu	tion			4	00.00)
Name of Employer self-employed Receipt For:	Occupation physician									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2800.00								
SUBTOTAL of Receipts This Page (optional))		•		. ,			120	00.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

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TEMIZED RECEIPTS		I Summary Page		11a		11b	11c	12		<u> </u>
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be s	old or used by any p	erson	13 for the plicit co	purp ntrib	14 oose o	f soliciting	g contr	ributio	0ns e.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Co TX 78572 C Occupation physician Aggregate Year-to-Da	2			/ sacti t of	18 0n ID		nis Per	1	00
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Co TX 78572 C Occupation physician Aggregate Year-to-Da				action	09 09		nis Per		10
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Co TX 78572 C Occupation physician Aggregate Year-to-Da				sacti t of	14 on ID		nis Per	1	
SUBTOTAL of Receipts This Page (optional)			•			7		12	200.0	0

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

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

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Report or for commercial purposes, other than	I ts and Statements may not be sold or used by any p using the name and address of any political committer	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
A. Full Name (Last, First, Middle Initial) Mailing Address 1016 E. Griffin Parkw		Date of Receipt
City mission	StateZip CodeTX78572	Transaction ID : SA11AI.16233 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00]
Full Name (Last, First, Middle Initial) B. Jose Carreras		Date of Receipt
Mailing Address 1016 E. Griffin Parkw		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16464
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00]
Full Name (Last, First, Middle Initial) C. Marissa Castaneda		Date of Receipt
Mailing Address 5021 Elk Lane		07 / D D / Y Y Y Y Y 15 2011
City Edinburg	StateZip CodeTX78539	Transaction ID : SA11AI.15361 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	1
SUBTOTAL of Receipts This Page (opt	ional)	850.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	for each category Detailed Summer		$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER			
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼	400.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼	450.00	Date of Receipt
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor 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 (option	ı al)	•••••	150.00

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

100

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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			Detailed Summary Page	2	< 11a		11b	11c		12	_			
_					13		14	15		16		17		
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the olicit co	purp ntrib	oose of a utions fr	soliciting om such		ntribut mmitt	tions ee.			
\land	NAME OF COMMITTEE (In Full)	_												
	BORDER HEALTH FEDERAL	PAC												
Α.	Full Name (Last, First, Middle Initial) Marissa Castaneda				Date o	f Re	ceipt							
	Mailing Address 5021				M M	/	D D	/ Y	Y	Y	Y			
	Elk Lane				11		10		20	011				
	City	State	Zip Code		Transaction ID : SA11AI.16234									
	Edinburg	ТХ	78539		Amoun	t of	Each Re	eceipt thi	s P	eriod				
	FEC ID number of contributing federal political committee.	С					7	7		50	.00			
	Name of Employer	Occupation		- (contribu	tion								
	self-employed	private inve	stor											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		550.00	4										
	Full Name (Last, First, Middle Initial)													
Β.	Marissa Castaneda				Date of	f Re	ceipt							
	Mailing Address 5021				M M	/	DD	/ Y		Y	Υ			
	Elk Lane	Chata	Zin Onde		12	۰.	09			011	_			
	City Edinburg	State TX	Zip Code 78539					<u>SA11AI.1</u>						
		IA	76559		Amoun	t of	Each Re	eceipt thi	SP	eriod		_		
	FEC ID number of contributing federal political committee.	С			50.00					00				
	Name of Employer	Occupation	1	-	contribut	ion								
	self-employed	private inve	stor											
	Receipt For:	Aggregate	Year-to-Date ▼		-									
	Primary General			11.										
	Other (specify)		600.00	4										
— c.	Full Name (Last, First, Middle Initial) Augusto Castrillon	1			Date of	f Re	ceipt							
	Mailing Address 223 Rio Grande Drive					/	15	/ Y)11	Y			
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.1						
	mission	ТХ	78572		Amoun	t of	Each Re	eceipt thi	s P	'eriod				
	FEC ID number of contributing federal political committee.	С				7			250	.00				
	Name of Employer	Occupation			contribu	tion								
	self-employed	physician												
	Receipt For:		Year-to-Date ▼	—										
	Primary General	Aggregate		11.										
	Other (specify)		1750.00											
s	UBTOTAL of Receipts This Page (optional)			•			,			350.	00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17
Any information copied from such Reports or for commercial purposes, other than us				or the		pose of	f solicitin	g contrib	outio	ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC									
Full Name (Last, First, Middle Initial) A. Augusto Castrillon Mailing Address 223 Rio Grande Drive				Date o		D		- Y - Y		ſ
City mission	State TX	Zip Code 78572				-	SA11AI Receipt tl			
FEC ID number of contributing federal political committee.	C					,			50.0	0
Name of Employer self-employed Receipt For:	Occupation physician		C0	ontribu	ition					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	1							
B. Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive				Date o	of Re	· ·				
City		09 09 2011 Transaction ID : SA11AI.15798								
mission	ТХ	Zip Code 78572		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С			250.00						
Name of Employer self-employed	Occupation physician		cc	- contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00]							
Full Name (Last, First, Middle Initial) C. Augusto Castrillon				Date o	of Re	eceipt				
Mailing Address 223 Rio Grande Drive	10 14 2011							Γ		
City mission	State TX	Zip Code 78572	/				: SA11AI Receipt tl		od	
FEC ID number of contributing federal political committee.	250.00									
Name of Employer	Occupation		C	ontribu	lion					
self-employed	physician									
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		2500.00]							
SUBTOTAL of Receipts This Page (optic	nal)							75	50.00	0

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		Detailed Summary Page		< 11a		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not not statement and addre	ot be sold or used by any poss of any political committee	erson e to so	13 for the plicit co	pur	pose o	15 of soliciting from suc	d contribut h commin	utions ttee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Yea	Zip Code 78572 r-to-Date ▼ 2750.00			sact	10 ion ID		nis Perioo	_
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive	<u> </u>			Date c	of Re	eceipt		у у 2011	Y
City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State TX C Occupation physician Aggregate Yea	Zip Code 78572			nt of	-	: SA11AI. Receipt th	nis Period	d 0.00
C. Full Name (Last, First, Middle Initial) Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer	State TX C	3000.00 Zip Code 78572			sact	ion ID Each		nis Perioo	_
self-employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Yea	1250.00			-		7	625	5.00
			-	_					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12			
	ny information copied from such Reports an											
or	for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		corress of any political committee			ntrid	utions	from suc	n comm	ittee.		
Α.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road				Date o		ceipt		2011	Ý		
	City mission	State TX	Zip Code 78572		Trans		on ID	: SA11AI Receipt tl	.15580	d		
	FEC ID number of contributing federal political committee.	С					,			5.00		
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1375.00		ontribu	ltion						
в.	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road			Date of Receipt			D / Y	YY	Y			
	City State Zip Code						09 09 2011 Transaction ID : SA11AI.15799					
	mission FEC ID number of contributing federal political committee.	С	78572	/	Amount of Each Receipt this Period							
	Name of Employer self-employed	Occupation physician		co								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]								
<u> </u>	Full Name (Last, First, Middle Initial) Norma Cavazos-Salas				Date o	f Re	ceipt					
	Mailing Address 2301 N. Bryan Road					10 14 2011						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.16018 Amount of Each Receipt this Period					d			
	FEC ID number of contributing federal political committee.	125.00										
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1625.00	c	ontribu	ition						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.00 1750.00	Date of Receipt Date of Receipt 11 10 2011 Transaction ID : SA11AI.16236 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16467 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 875.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15364 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		375.00

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

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

Use separate schedule(s) for each category of the

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(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
				person for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Α.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan			Date of Receipt			
	Mailing Address 1210 East 8th street <u>suite 1</u> City	08 18 2011					
	weslaco	State TX	Zip Code 78591	Transaction ID : SA11AI.15581 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		125.00			
	Name of Employer self-employed	Occupation physician	1	contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]			
в.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan	1		Date of Receipt			
	Mailing Address 1210 East 8th street suite 1 City	09 / D D / Y Y Y Y 09 2011					
	weslaco	State TX	Zip Code 78591	Transaction ID : SA11AI.15800 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		125.00			
	Name of Employer self-employed	Occupation physician	1	contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00]			
с.	Full Name (Last, First, Middle Initial) R. Chandrarasekharan	1		Date of Receipt			
	Mailing Address 1210 East 8th street	10 / D D / Y Y Y Y 10 14 2011					
	City weslaco	State TX	Zip Code 78591	Transaction ID : SA11AI.16019 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		125.00				
	Name of Employer	Occupation	1	contribution			
	self-employed	physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]			
s	UBTOTAL of Receipts This Page (optional)			375.00			

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

FEC Schedule A (Form 3X) Rev. 02/2003
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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ny information copied from such Report r for commercial purposes, other than NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	14 15 16 17 pose of soliciting contributions utions from such committee.
BORDER HEALTH FEDE Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	·
R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	·
weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	10 2011 on ID : SA11AI.16237 Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	ceipt 09 / 2011 on ID : SA11AI.16468 Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	ceipt 09 / 2011 on ID : SA11AI.15801 Each Receipt this Period 25.00
self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey City McAllen FEC ID number of contributing federal political committee. Name of Employer	09 09

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us			person for	r the p	urpose o	f soliciting	contribu	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78501 stor Year-to-Date ▼ 250.00	Ar	10 Transa	of Each		is Period	
Full Name (Last, First, Middle Initial) B. Mr. Roel Contreras Mailing Address 1609 Harvey City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate V	Zip Code 78501 tor r/ear-to-Date ▼ 275.00	1 Ar	11 Transa	of Each		is Period	
Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78501 stor Year-to-Date ▼ 300.00	Ar	12 Transa	of Each		is Period	
SUBTOTAL of Receipts This Page (option	nal)				7		75	.00

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

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

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FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for	the pur	rpose o	of soliciting	contribu	itions
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	. PAC							
✓ Full Name (Last, First, Middle Initial) A. Dr. Virah Cooper Mailing Address 1801 South 5th Street suite City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician	Zip Code 78503 ear-to-Date ▼ 700.00	Amo		tion ID Each I		is Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 1801 South 5th Street suite	7 State	Zin Code	(e of Re	18	3	y y 2011	Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	TX C Occupation physician	Zip Code 78503 ear-to-Date ▼ 800.00	contribution					0.00
Full Name (Last, First, Middle Initial) C. Dr. Virah Cooper Mailing Address 1801 South 5th Street suite		Zin Code	M (e of Re	09	Э	y y 2011	Ŷ
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78503 ear-to-Date ▼ 900.00	Amo		Each I	: SA11AI. Receipt th	is Period	1 0.00
SUBTOTAL of Receipts This Page (optional).		······			7		300	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite	-	7in Oada	Date of Receipt			
City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.16424 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer	Occupation					
self-employee Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]			
Full Name (Last, First, Middle Initial) B. Dr. Virah Cooper			Date of Receipt			
Mailing Address 1801 South 5th Street suite	ailing Address 1801 South 5th Street suite 7					
City	State	Zip Code	Transaction ID : SA11AI.16470			
McAllen	ТХ	78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer self-employee	Occupation physician		contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]			
Full Name (Last, First, Middle Initial) C. Dr. Oscar Cortez	I		Date of Receipt			
Mailing Address 4101 South Burns Drive						
City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.15367 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer	Occupation					
Self employed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]			
SUBTOTAL of Receipts This Page (optional))		300.00			

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	111	- F	11c	12	17	
Any information copied from such Reports and or for commercial purposes, other than using t				for the	purpos	e of	soliciting	contribu	itions	
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 McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	Dr. Oscar Cortez Mailing Address 4101 South Burns Drive City State Zip Code McAllen TX 78503 EC ID number of contributing ederal political committee. C C Iame of Employer Occupation physician									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00								
Full Name (Last, First, Middle Initial) B. Dr. Oscar Cortez Mailing Address 4101 South Burns Drive City	State	Zip Code		м м 09	f Receip	09	5A11AI.	2011 1 5803	Y	
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78503	Amount of Each Receipt this Period							
Self employed Receipt For: Primary General Other (specify)	d physician y General Aggregate Year-to-Date ▼									
Full Name (Last, First, Middle Initial) C. Dr. Oscar Cortez Mailing Address 4101 South Burns Drive	-	7.0.1		м м 10	J L	14		2011	Y	
City McAllen FEC ID number of contributing federal political committee.	State TX	Transaction in CATTAIN						is Period	0.00	
Name of Employer Self employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 1000.00	c	ontribu	ition					
SUBTOTAL of Receipts This Page (optional).			►					300	.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>			
	ny information copied from such Reports and for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL												
Α.	Mailing Address 4101 South Burns Drive	2			Date o	/	, 10)	y y 2011	Y			
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.16239 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		10	0.00			
	Name of Employer Self employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1100.00	00.00 contribution									
в.	Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive			Date of Receipt					YY	Ý			
	City State Zip Code						12 09 2011 Transaction ID : SA11AI.16471						
	McAllen	TX	78503	Amount of Each Receipt this Period						d			
	FEC ID number of contributing federal political committee.	C							0.00				
	Name of Employer Self employed	Occupation physician		co	ontribu	tion							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00										
<u> </u>	Full Name (Last, First, Middle Initial) Diana Cortinas				Date o	of Re	eceipt						
	Mailing Address 1400 Northgate Lane				M N	/	15		2011	Y			
	City mcallen	State TX	Zip Code 78504					: SA11AI Receipt th		d			
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri								7.27			
	Name of Employer	Occupation		c	ontribu	ition	1						
	self-employed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1507.62	1									
s	UBTOTAL of Receipts This Page (optional)						4		43	7.27			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
	I rts and Statements may not be sold or used by any p using the name and address of any political committee	person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE										
A. Full Name (Last, First, Middle Initial) Mailing Address 1400 Northgate Land		Date of Receipt								
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.15585 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	193.50								
Name of Employer self-employed	Occupation physician									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1701.12]								
Full Name (Last, First, Middle Initial) B. Diana Cortinas		Date of Receipt								
Mailing Address 1400 Northgate Lane		09 09 2011								
City	State Zip Code	Transaction ID : SA11AI.15804								
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period								
Name of Employer self-employed	Occupation physician									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.18]								
Full Name (Last, First, Middle Initial) C. Diana Cortinas		Date of Receipt								
Mailing Address 1400 Northgate Land		M = M / D = D / Y = Y = Y = Y Y 10 14 2011 14								
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.16022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	171.60								
Name of Employer	Occupation									
self-employed	physician									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2091.78									
SUBTOTAL of Receipts This Page (op	tional)	584.16								

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12	17			
			y not be sold or used by any p ddress of any political committe		or the		oose o	f soliciting	g contribu	utions			
	COMMITTEE (In Full) R HEALTH FEDEI	-											
A. Diana Co Mailing Add	(Last, First, Middle Initial) ortinas Iress 1400 Northgate Lane				Date o		ceipt 10		y y 2011	Ŷ			
City mcallen		State TX	Zip Code 78504		Transaction ID : SA11AI.16240 Amount of Each Receipt this Period								
federal polit	nber of contributing tical committee.	C		CI	ontribu	ition	9	7	153	3.34			
Name of Er self-employe Receipt For	ed	Occupation physician Aggregate	Year-to-Date ▼	_									
Prima Other	ry General (specify) ▼		2245.12	1									
B. Diana Co	Full Name (Last, First, Middle Initial) Diana Cortinas				Date of Receipt								
City	Mailing Address 1400 Northgate Lane						12 09 2011 Transaction ID : SA11AI.16472						
mcallen		ТХ	78504						his Period	ł			
	nber of contributing tical committee.	C			164.29								
Name of Er self-employe	ed	Occupation physician		co	- contribution								
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 2409.41]									
Full Name (C. Guillerm	(Last, First, Middle Initial)				Date o	f Re	ceipt						
	Mailing Address 1224 Northgate Lane				07 / D D / Y Y Y Y 2011								
City mcallen		State TX	Zip Code 78504				ction ID : SA11AI.15369 of Each Receipt this Period						
	nber of contributing ical committee.		242.55										
Name of Er	nployer	Occupation			Unindu								
self-employ		physician											
Receipt For		Aggregate	Year-to-Date 🔻										
Prima Other	ry General (specify) ▼		1530.06										
SUBTOTAL o	of Receipts This Page (optic	, onal)							560	0.18			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
			person for the purpose of soliciting contributions for such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) A. Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15586 Amount of Each Receipt this Period 197.81 contribution						
self-employed Receipt For: Primary General Other (specify) ▼	physician	Year-to-Date ▼ 1727.87							
B. Full Name (Last, First, Middle Initial) Mailing Address 1224 Northgate Lane	State	Zip Code	Date of Receipt						
mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period						
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1951.80	contribution						
C. Full Name (Last, First, Middle Initial) Mailing Address 1224 Northgate Lane			Date of Receipt						
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2127.22	Transaction ID : SA11AI.16023 Amount of Each Receipt this Period 175.42 contribution						
SUBTOTAL of Receipts This Page (optional))		597.16						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12	<u> </u>				
	y information copied from such Reports and for commercial purposes, other than using t													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane				Date c		eceipt	D / Y	Y Y	Y				
	City	Ctoto	Zin Codo		11 10 2011									
	City mcallen	State TX	Zip Code 78504					: SA11AL		d				
	FEC ID number of contributing federal political committee.	С					7	Receipt th		a 6.75				
	Name of Employer	Occupation	1	C	contribu	ution	1							
	self-employed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2283.97]										
в.	Full Name (Last, First, Middle Initial) Guillermo Cortinas				Date of Receipt									
	Mailing Address 1224 Northgate Lane				M = M / D = D / Y = Y = Y = Y Y 12 09 2011									
	City	State	Zip Code					: SA11AI.						
	mcallen	ТХ	78504		Amour	nt of	Each	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С												
	Name of Employer	Occupation	I	C	- contribution									
	self-employed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2451.92]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Javier Cortinas				Date c	of Re	eceipt							
	Mailing Address 1400 Northgate				м 07	1	D 15		2011	Y				
	City mcallen	State TX	Zip Code 78504		Transaction ID : SA11AI.15370 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00										
Name of Employer self-employed		Occupation	1	(_ contribution									
		physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]										
s	UBTOTAL of Receipts This Page (optional).			<u> </u>			,	3	574	4.70				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt Model 18 2011 Transaction ID : SA11AI.15587 Amount of Each Receipt this Period 250.00 contribution						
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 2000.00]						
Full Name (Last, First, Middle Initial) B. Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) =	State TX C Occupation physician Aggregate	Year-to-Date ▼	Date of Receipt						
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	2250.00 Zip Code 78504 Year-to-Date ▼ 2500.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16024 Amount of Each Receipt this Period 250.00 contribution						
SUBTOTAL of Receipts This Page (option	nal)		750.00						

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

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

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

(check only one)

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			Detailed Summary Page		✓ 11a 13		11b 14	11c	12		17		
An	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma	I ay not be sold or used by any p address of any political committee	erson	for the	e purpontrib	pose o	15 f soliciting from suc	g contri h comr	ibuti	ons		
<u> </u>	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL												
<u> </u>	Full Name (Last, First, Middle Initial) Javier Cortinas				Date of	of Re	ceint						
	Mailing Address 1400 Northgate				11	/	10		2011		Y		
	City	State	Zip Code			sacti		, : SA11AI					
	mcallen	TX	78504					Receipt th		iod			
	FEC ID number of contributing federal political committee.	C					7			250.0	00		
	Name of Employer	Occupation	1	- (contrib	ution							
	self-employed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify)		2750.00										
	Full Name (Last, First, Middle Initial) Javier Cortinas				Date of	of Re	ceint						
	Mailing Address 1400 Northgate			_	M		D		Y	v	V		
						12 09 _2011 _							
	City	State	Zip Code		Tran	sacti	on ID	: SA11AI					
	mcallen	ТХ	78504		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C							250.00)0			
	Name of Employer	Occupation	— c	- contribution									
	self-employed	physician											
	Receipt For:		Year-to-Date ▼										
	Primary General	/ iggi oguto		11									
	Other (specify)		3000.00	1									
	Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa	I			Date of	of Re	ceipt						
	Mailing Address 129 Bluebird			07 15 _2011 _							Y		
	City	State	Zip Code			sact		, : SA11AI					
	Mcallen	ТХ	78504					Receipt th		iod			
	FEC ID number of contributing	С									-		
	federal political committee.			contrib	ution	7	7		50.	00			
	Name of Employer	Occupation	1										
	selfemployed												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		350.00										
s	UBTOTAL of Receipts This Page (optional)			 ►	<u> </u>		7		5	50.0)0		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing	State TX	Zip Code 78504	Date of Receipt
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) B. Dr. Hildegardo Costa Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Hildegardo Costa Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 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).			150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
	ny information copied from such Reports and a for commercial purposes, other than using th			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC													
Α.	Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504	Date of Receipt Tansaction ID : SA11AI.16244 Amount of Each Receipt this Period Contribution											
	selfemployed Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]											
в.	Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa Mailing Address 129 Bluebird		7	Date of Receipt											
	City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16475 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	Occupation		contribution											
	selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 600.00]											
c.	Full Name (Last, First, Middle Initial) Dr. Edgar Cruz			Date of Receipt											
	Mailing Address 6912 N. Peking	State	Zip Code	07 / D D / Y Y Y Y 2011											
	Mcallen	TX	78501	Transaction ID : SA11AI.15372 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		50.00											
	Name of Employer	Occupation	I	contribution											
	selfemployed Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 350.00]											
s	SUBTOTAL of Receipts This Page (optional)			150.00											

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17			
Any information copied from such Repor or for commercial purposes, other than u				for the	purpo	ose o	f soliciting	g contribu	utions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-											
Full Name (Last, First, Middle Initial) Dr. Edgar Cruz Mailing Address 6912 N. Peking City Mcallen FEC ID number of contributing federal political committee.	Edgar Cruz g Address 6912 N. Peking en TX 78501 D number of contributing								y j 0.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Ye	ear-to-Date ▼ 400.00		ontribu								
B. Full Name (Last, First, Middle Initial) Dr. Edgar Cruz Mailing Address 6912 N. Peking		Date of Receipt										
City Mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501					SA11AI.	15808 nis Perioc	1).00			
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Ye	ear-to-Date ▼ 450.00	C	ontribu	tion							
C. Full Name (Last, First, Middle Initial) Dr. Edgar Cruz Mailing Address 6912 N. Peking				Date o	f Rec	D		YYY	Y			
City Mcallen	State TX	Zip Code 78501					: SA11AI Receipt th		1			
FEC ID number of contributing federal political committee. Name of Employer	Occupation		c	contribu	ution ,			5	0.00			
selfemployed Receipt For: Primary General Other (specify)	physician	ear-to-Date ▼ 500.00]									
SUBTOTAL of Receipts This Page (opt	onal)				. ,			150).00			

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17				
Any information copied from such Reports or for commercial purposes, other than usi				or the	purpose (of soliciting	g contribu	itions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC											
Full Name (Last, First, Middle Initial) A. Dr. Edgar Cruz Mailing Address 6912 N. Peking City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78501 /ear-to-Date ▼ 550.00	Date of Receipt Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78501 //ear-to-Date ▼ 600.00		12 Trans	0 <u>action ID</u> t of Each	9 2 SA11AI. Receipt th	nis Period	1 0.00				
Full Name (Last, First, Middle Initial) C. James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate Y	Zip Code 78501 tor fear-to-Date ▼ 1050.00		07 Trans	action ID	5 / Y 5 SA11AI Receipt th	nis Period	I D.00				
SUBTOTAL of Receipts This Page (option	nal)						250	.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than using				or the		pose of	soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-								
Full Name (Last, First, Middle Initial) A. James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation private inve	Zip Code 78501			sact	18 ion ID :	SA11AI	his Perio	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]						
Full Name (Last, First, Middle Initial) B. James Darling Mailing Address 1225 E Peking City	State	Zip Code		Date or M M 09 Trans	/	09	SA11AI.	2011 . 15809	Y
mcallen FEC ID number of contributing federal political committee.	С	78501		Amoun		Each F	Receipt th	his Perio 15	d 0.00
Name of Employer selfemployed Receipt For:	Occupation private inves Aggregate	stor Year-to-Date ▼ 1350.00]	in this di					
C. Full Name (Last, First, Middle Initial) Mailing Address 1225 E Peking	State	Zip Code		Date of	/	D 14		2011	Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	TX C Occupation private inve	78501			t of	Each F	SA11AI Receipt th	his Perio 15	d 50.00
SUBTOTAL of Receipts This Page (option	al)				Ţ			450	0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(chec	FOR LINE NUMBER: Image: Constraint of the second seco				0 OF 12 16	
Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Full Name (Last First Middle Initial)								

L			
Α.	Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt
	City	State Zip Code	Transaction ID : SA11AI.16246
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer	Occupation	contribution
	selfemployed	private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
в.	Full Name (Last, First, Middle Initial) James Darling		Date of Receipt
	Mailing Address 1225 E Peking		M M / D D / Y Y Y Y 12 09 2011
	City	State Zip Code	Transaction ID : SA11AI.16477
	mcallen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer	Occupation	contribution
	selfemployed	private investor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
c.	Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
	Mailing Address 2408 Dorado		07 15 / Y Y Y Y Y 07 15 2011
	City	State Zip Code	Transaction ID : SA11AI.15376
	mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	self-employed	private investor	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	

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17

SUBTOTAL of Receipts This Page (optional)			,		7	550	.00]
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TOTAL This Period (last page this line number only)		 	7	 	7	 		

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1750.00

Other (specify)

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page		-		11b	11c		12	
Any ir	formation copied from such Reports and	Statements ma	ay not be sold or used by any p	erson	13 for the	pu	14 rpose	15 of solicitin	 Ig cc	16 ntribu	17 tions
	commercial purposes, other than using th										
	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL	PAC									
	l Name (Last, First, Middle Initial) avid Deanda				Date o	of R	eceipt				
	iling Address 2408 Dorado				м м 08	1	/ D	8		2011	Y
City		State	Zip Code		Trans	sac	tion ID) : SA11A	.155	92	
mi	ssion	TX	78574		Amoun	nt o	f Each	Receipt t	his F	Period	
	C ID number of contributing eral political committee.	С						9		250	.00
Na	me of Employer	Occupation			contribu	itior	า				
sel	f-employed	private inve	stor								
Re	ceipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		2000.00								
	l Name (Last, First, Middle Initial) avid Deanda	·			Date o	of R	eceipt				
Ма	iling Address 2408 Dorado				M M	1		9		011	Y
City	/	State	Zip Code		Trans	sac	tion ID	: SA11A	.158	11	
mi	ssion	ТХ	78574		Amoun	nt o	f Each	Receipt t	his F	^{>} eriod	
	C ID number of contributing eral political committee.	С								250	.00
Na	me of Employer	Occupation		c	ontribu	tion	1				
self	-employed	private inve	stor								
Re	ceipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) v										
	l Name (Last, First, Middle Initial) avid Deanda	I			Date o	of R	eceipt				
Ma	iling Address 2408 Dorado				м м 10		/ D	D / 4		011	Y
City		State	Zip Code		Tran	sac	tion ID) : SA11A	I.160)29	
mi	ssion	TX	78574		Amoun	nt o	f Each	Receipt t	his F	Period	
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Na	me of Employer	Occupation		- '	contribu	Itioi	n				
sel	f-employed	private inve	stor								
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]							
SUB.	TOTAL of Receipts This Page (optional)						7	3		750.	.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11 13 14					
	such Reports and Statements ma other than using the name and a		erson for the purpos	se of soliciting contributions				
NAME OF COMMITTEE (BORDER HEALT	In Full) H FEDERAL PAC							
Full Name (Last, First, Mic A. David Deanda Mailing Address 2408 Dor			Date of Recei	ipt 10 / Y = Y = Y = Y 2011				
City mission	State TX	Zip Code 78574	Transaction	ach Receipt this Period				
FEC ID number of contrib federal political committee				250.00				
Name of Employer self-employed Receipt For: Primary Ge Other (specify) ▼	Occupation private inver- eneral Aggregate	stor Year-to-Date ▼ 2750.00	<pre>contribution </pre>					
B. Full Name (Last, First, Mid David Deanda Mailing Address 2408 Dor								
City	State	Zip Code	12 09 2011 Transaction ID : SA11AI.16480 Amount of Each Receipt this Period 250.00					
mission FEC ID number of contrib federal political committee		78574						
Name of Employer self-employed	Occupation private inves	stor	contribution					
Receipt For: Primary Ge Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 3000.00]					
Full Name (Last, First, Mic			Date of Rece	ipt				
Mailing Address 1105 Zin	nia		07 /	15 / Y Y Y Y 15 2011				
City McAllen	State TX	Zip Code 78504		ID : SA11AI.15375 ach Receipt this Period				
FEC ID number of contrib federal political committee	ů (125.00					
Name of Employer self-employee	Occupation physician		contribution					
Receipt For: Primary Ge Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 875.00]					
SUBTOTAL of Receipts This	s Page (optional)			625.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name (Last, First, Middle Initial) A. Dr. Carlos De Juana Mailing Address 1105 Zinnia City McAllen FEC ID number of contributing federal political committee. Name of Employer	Carlos De Juana ng Address 1105 Zinnia Allen State Zip Code TX 78504 ID number of contributing ral political committee. C						
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) B. Dr. Carlos De Juana Mailing Address 1105 Zinnia City	State Zip Code	Date of Receipt					
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504	Amount of Each Receipt this Period 125.00 contribution					
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1125.00						
C. Full Name (Last, First, Middle Initial) Mailing Address 1105 Zinnia		Date of Receipt					
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16030 Amount of Each Receipt this Period 125.00					
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution					
SUBTOTAL of Receipts This Page (optional)	375.00					

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C	
self-employee p	State Zip Code TX 78504 C Decupation hysician Aggregate Year-to-Date 1375.00	Date of Receipt
self-employee p	State Zip Code TX 78504 C Decupation hysician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt
self-employed p	State Zip Code TX 78501 C C Decupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		300.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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••			for each category of the Detailed Summary Page		-		11b	11c	12			
	y information copied from such Reports an											
	for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		ddress of any political committee			nuno	utions	from suc	n comm	liee.		
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza Mailing Address 708 South H Street				Date o		ceipt		Y Y	V		
					1_1		10		2011	- T		
	City	State	Zip Code		Trans	sacti	on ID :	SA11AI	16250			
	McAllen	ТХ	78501		Amoun	t of	Each F	Receipt th	nis Perio	b		
	FEC ID number of contributing federal political committee.	С			ootribu	tion	,		5	0.00		
	Name of Employer	Occupation		C	ontribu	ition						
	self-employed	physician										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00									
			7 7 7	11.								
в.	Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza				Date o	f Re	ceipt					
	Mailing Address 708 South H Street	ress 708 South H Street				12 09 2011						
	City	State	Zip Code		Trans	sactio	on ID :	SA11AI.	16482			
	McAllen	ТХ	78501	'	Amoun	t of	Each F	Receipt th	nis Perio	b		
	FEC ID number of contributing federal political committee.						7		5	0.00		
	Name of Employer	Occupation		C(ontribu	tion						
	self-employed	physician										
	Receipt For: Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼										
<u></u> .	Full Name (Last, First, Middle Initial) Jorge De La Garza	L			Date o	f Re	ceipt					
	Mailing Address 120 Condor				м м 07	/	D 15		2011	Y		
	City	State	Zip Code		Tran	sacti	on ID	: SA11AI	15378			
	mcallen	ТХ	78504		Amoun	t of	Each F	Receipt th	nis Perio	b		
	FEC ID number of contributing federal political committee.	С					,		25	0.00		
	Name of Employer	Occupation	1	C	ontribu	ition						
	self-employed	physician										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00									
s	UBTOTAL of Receipts This Page (optional)								350	0.00		

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

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

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

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TIEMIZED RECEIPTS		tailed Summary Page	×	11a 13	11	1b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than usin				or the	purpos	se of			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-								
Full Name (Last, First, Middle Initial) A. Jorge De La Garza)ate of	f Rece	int			
Mailing Address 120 Condor				м м		18		2011	Y
City	State Z	ip Code			action		SA11AI.		
mcallen	TX 7	78504	А	moun	t of Ea	ach F	Receipt th	nis Perior	b
FEC ID number of contributing federal political committee.	C								0.00
Name of Employer	Occupation		co	ontribu	tion				
self-employed	physician								
Receipt For:	Aggregate Year-t	o-Date ▼							
Primary General			1.						
Other (specify)	7	2000.00							
Full Name (Last, First, Middle Initial) B. Jorge De La Garza)ate of	f Rece	int			
Mailing Address 120 Condor				M = M		D	D / Y	Y Y	Y
	01.11.7			09	1.1	09		2011	_
City		ip Code					SA11AI.		
mcallen	1. 7	8504	A	moun	t of Ea	ach F	Receipt th	his Period	t
FEC ID number of contributing federal political committee.	С		250.0					0.00	
Name of Employer	Occupation			ntribut	tion				
self-employed	physician								
Receipt For:	Aggregate Year-t	o-Date ▼							
Primary General	33 - 3		- L -						
Other (specify)		2250.00	- 1						
Full Name (Last, First, Middle Initial) C. Jorge De La Garza			D	Date of	f Rece	ipt			
Mailing Address 120 Condor				м м	1	D 14		2011	Y
City	State Z	ip Code		Trans	saction		: SA11AL		
mcallen	TX 7	8504	A	moun	t of Ea	ach F	Receipt th	nis Perior	Ł
FEC ID number of contributing federal political committee.	С								0.00
lederal political committee.				ontribu	tion		7		
Name of Employer	Occupation								
self-employed	physician								
Receipt For:	Aggregate Year-t	o-Date 🔻							
Primary General		2500.00	1						
Other (specify) ▼		200.00							
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	al)	2500.00	<u> </u> [_		_	7	-	750

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>		
			y not be sold or used by any p ddress of any political committe			purpo						
NAME OF COMMITTE	E (In Full)			e 10 30								
Full Name (Last, First, Jorge De La Garza Mailing Address 120 C	a				Date o		eipt		Y Y	V		
					1_1		10		2011	T		
City		State	Zip Code		Trans	sactio	n ID :	SA11AI.	16251			
mcallen		ТХ	78504	/	Amoun	t of E	Each F	Receipt th	nis Perioo	b		
FEC ID number of con federal political commit		C				, ,		7	25	0.00		
Name of Employer		Occupation		C	ontribu	ition						
self-employed		physician										
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 2750.00]								
Full Name (Last, First, Middle Initial) B. Jorge De La Garza						f Rec	eipt					
Mailing Address 120 Co	Mailing Address 120 Condor						12 09 _2011 _					
City		State	Zip Code	Transaction ID : SA11AI.16483								
mcallen		ТХ	78504	/	Amoun	t of E	Each F	Receipt th	nis Perio	b		
FEC ID number of con federal political commit		С			250.00							
Name of Employer		co	ontribut	tion								
self-employed		physician										
Receipt For: Primary Other (specify) ▼	General]										
Full Name (Last, First, C. Luis Delgado Jr.	Middle Initial)				Date o	of Rec	eipt					
Mailing Address 5128	N. 10th				м м 07	/	D 15		у у 2011	Y		
City Mcallen		State TX	Zip Code 78504					SA11AI				
FEC ID number of con federal political commit	0	C			Amoun	it of E	Each F	Receipt th	15	d 0.00		
Name of Employer		Occupation		c	ontribu	ution						
selfemployed		physician										
Receipt For:			Year-to-Date ▼									
Primary Other (specify)	General		1050.00	1								
SUBTOTAL of Receipts	This Page (optional)					,			650	0.00		

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	and Statements may not be sold or used by any sing the name and address of any political committe	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Luis Delgado Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 08 1 18 2011 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	State Zip Code	Date of Receipt
Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1350.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Luis Delgado Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16033 Amount of Each Receipt this Period 150.00 contribution

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us				for the		ose of	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	AL PAC								
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1650.00			saction nt of	10 on ID :		his Perio	
Full Name (Last, First, Middle Initial) B. Luis Delgado Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1800.00			saction nt of	09 01 ID :		his Perio	
Full Name (Last, First, Middle Initial) C. Mr. Ted Disque Mailing Address 501 Iris City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78501 stor Year-to-Date ▼ 225.00			sacti nt of	09 on ID :		his Perio	
SUBTOTAL of Receipts This Page (optio	nal)					,		32	5.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
Date of Receipt 10 14 2011 Transaction ID : SA11AI.16034 Amount of Each Receipt this Period 25.00 contribution
-
Date of Receipt
- contribution
Date of Receipt 12 09 2011 Transaction ID : SA11AI.16485 Amount of Each Receipt this Period 25.00 contribution

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a	111	b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usin			for the	purpos		soliciting	contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2800.00	 07 Trans	saction t of Ead	15 ID :	SA11AI. Receipt th	is Perioc	
Full Name (Last, First, Middle Initial) B. Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3200.00	08 Trans	t of Ead	18 ID :		is Perioc	9 0.00
Full Name (Last, First, Middle Initial) C. Alberto Duran Mailing Address 1615 Palazzo City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3600.00	09 Trans	saction t of Ead	09 ID :		is Perioc	d 0.00
SUBTOTAL of Receipts This Page (option	al)						1200	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name (Last, First, Middle Initial) A. Alberto Duran Mailing Address 1615 Palazzo		State	Zip Code	Date of Receipt
	City mission	TX	78572	Transaction ID : SA11AI.16035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 4000.00	
в.	Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo	Date of Receipt		
	City	State	Zip Code	11 10 2011 Transaction ID : SA11AI.16254
	mission	ТХ	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer selfemployed	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Alberto Duran	1		Date of Receipt
Mailing Address 1615 Palazzo				12 09 / Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.16486 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation	1	contribution
	selfemployed	physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4800.00]
s	UBTOTAL of Receipts This Page (optional)			1200.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b	11c	12	17	
Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political commit					for the		rpose o	f soliciting	g contrib	outions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Α.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo				Date c	of R	eceipt			
	Mailing Address 2411 Durango Drive				09	и – ,	09		2011	Y
	City Mission	State TX	Zip Code 78572	-				: SA11AI		
	FEC ID number of contributing federal political committee.	C			Amour	nt of	Each I	Receipt tl		25.00
	Name of Employer	Occupation	I	c	contribu	ution	ı			
	selfemployed	private inve	stor							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	1						
в.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo				Date c	of R	eceipt			
	Mailing Address 2411 Durango Drive				10 ^M	Л	D 14		2011	Y
	City	State	Zip Code		Trans	sact	tion ID :	SA11AI	16036	
	Mission	TX	78572		Amour	nt of	Each I	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					9		2	25.00
	Name of Employer	Occupation	I	C C	ontribu	ition				
	selfemployed	private inve	stor							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo				Date o	of R	eceipt			
	Mailing Address 2411 Durango Drive				M N	Л	10		ү ү 2011	Y
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.16255	
	Mission	TX	78572		Amour	nt of	Each I	Receipt tl	nis Peric	bd
	FEC ID number of contributing federal political committee.	С					7	7	ź	25.00
	Name of Employer	Occupation		- (contribu	utior	1			
	selfemployed	private inve	stor							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]						
s	UBTOTAL of Receipts This Page (optional))		▶			7		7	75.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12			
Any information copied from such Reports and Statements may not b or for commercial purposes, other than using the name and address of						purp					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Α.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo Mailing Address 2411 Durango Drive				Date o		ceipt		YYY	V	
			7. 0. 1		12		09		2011	T	
	City Mission	State TX	Zip Code 78572					: SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						
	Name of Employer	Occupation		C	contribu	ition					
	selfemployed	private inve	stor								
	Receipt For: Primary General	Aggregate	Year-to-Date V								
	Other (specify)		300.00								
			3								
в.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date o	f Red	ceipt				
	Mailing Address 108 Yellow Hammer				м м 07	/	D 15		2011	Y	
	City	State	Zip Code		Trans	sactio	on ID :	SA11AL	15383		
	mcallen	ТХ	78504		Amoun	it of E	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С					7		50	0.00	
	Name of Employer	Occupation		c	ontribu	tion					
	selfemployed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	1							
<u>с</u> .	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date o	f Red	ceipt				
	Mailing Address 108 Yellow Hammer				M M 08	/	D 18		2011	Y	
	City	State TX	Zip Code		Trans	saction	on ID	: SA11AI.	15599		
	mcallen		78504		Amoun	it of E	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С				,tion	,		50	0.00	
	Name of Employer	Occupation		(contribu	lion					
	selfemployed	physician									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	ı.							
5	UBTOTAL of Receipts This Page (optional)		······				7		125	.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a 11b 11c 11c 13 13 14 15					17
Any information copied from such Reports and Statements may not be s or for commercial purposes, other than using the name and address of a					or the	purpos	se o	of soliciting		utions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC								
Α.	Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer				Date of	f Rece	eipt D		2011	Y
	City	State	Zip Code		Trans	actior	۱D	: SA11AI.	.15819	
-	mcallen	ТХ	78504	A	mount	t of Ea	ich I	Receipt th	nis Period	ł
f	FEC ID number of contributing rederal political committee.	С			ontribu	tion.	_		50	0.00
Ī	Name of Employer	Occupation	l		ontribu	uon				
	selfemployed	physician		_						
ł	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00							
	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date of	f Rece	eipt			
ſ	Mailing Address 108 Yellow Hammer				м м 10	/	D 14		2011	Y
(City	State	Zip Code		Trans	action	ID :	: SA11AI.	16037	
_	mcallen	ТХ	78504	A	moun	t of Ea	ich I	Receipt th	nis Period	ł
	FEC ID number of contributing rederal political committee.	С					_		50	0.00
S	Name of Employer selfemployed	Occupation physician		co	ontribut	ion				
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
	Full Name (Last, First, Middle Initial) Kotthegal Eshwar				Date of	f Rece	ipt			
I	Mailing Address 108 Yellow Hammer				м м 11	/	D 10		у у 2011	Y
	City mcallen	State TX	Zip Code 78504	A				: SA11AI Receipt th		1
	FEC ID number of contributing rederal political committee.	С					_		5	0.00
Ī	Name of Employer	Occupation	1	C(ontribu	tion				
:	selfemployed	physician								
Ī	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		550.00]						
sı	JBTOTAL of Receipts This Page (optional)								150	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports and Statements may not be sold or us or for commercial purposes, other than using the name and address of any politic				or the	purpose	of solicitin	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name (Last, First, Middle Initial) A. Kotthegal Eshwar Mailing Address 108 Yellow Hammer City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	Kotthegal Eshwar Mailing Address 108 Yellow Hammer City State Zip Code mcallen TX 78504 FEC ID number of contributing federal political committee. C Image: Committee							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]					
B. Full Name (Last, First, Middle Initial) Mailing Address 136 W. Yucca	State	Zip Code		м м 07	Ľ	t 15 D : SA11AI	2011 15384	Y
mcallent FEC ID number of contributing federal political committee.	С	78504	A			n Receipt t		_
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1750.00		ntributi	ion			
Full Name (Last, First, Middle Initial) C. Antonio Esparza Mailing Address 136 W. Yucca				Date of			2011	Y
City mcallent	State TX	Zip Code 78504	A			D : SA11A n Receipt t		
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2000.00	Cr	ontribut	tion		250	0.00
SUBTOTAL of Receipts This Page (optiona	l)						550	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial) A. Antonio Esparza Mailing Address 136 W. Yucca			Date of Receipt
City mcallent	State TX	Zip Code 78504	Transaction ID : SA11AI.15820 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Yea	r-to-Date ▼ 2250.00	<pre> contribution </pre>
B. Full Name (Last, First, Middle Initial) Mailing Address 136 W. Yucca			Date of Receipt
City	State TX	Zip Code	10 14 2011 Transaction ID : SA11AI.16038
mcallent FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician		
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 2500.00]
Full Name (Last, First, Middle Initial) C. Antonio Esparza			Date of Receipt
Mailing Address 136 W. Yucca			M M / D D / Y Y Y Y Y 11 10 2011
City mcallent	State TX	Zip Code 78504	Transaction ID : SA11AI.16257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		contribution
selfemployed Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 2750.00]
SUBTOTAL of Receipts This Page (optional	al)		750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of Detailed Summary	Page X 11a 11b 11c 12
		13 14 15 16 17 by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. 10 17
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		
Full Name (Last, First, Middle Initial) A. Antonio Esparza Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 30	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16489 Amount of Each Receipt this Period 250.00 contribution 000.00
Full Name (Last, First, Middle Initial) B. Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15385 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 24	Date of Receipt Date of Receipt 08 2011 Transaction ID : SA11AI.15601 Amount of Each Receipt this Period 250.00 contribution 000.00
Primary General	20	750.00

TOTAL This Period (last page this line number only).....
SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	Date of Receipt								
Zip Code 78504	09 09 2011 Transaction ID : SA11AI.15821 Amount of Each Receipt this Period								
	250.00								
r-to-Date ▼ 2250.00									
	Date of Receipt								
Zip Code	10 14 2011 Transaction ID : SA11AI.16039								
	Amount of Each Receipt this Period								
	Date of Receipt								
Zip Code 78504	Transaction ID : SA11AI.16258 Amount of Each Receipt this Period								
	250.00								
	contribution								
	78504 r-to-Date ▼ Zip Code 78504 r-to-Date ▼ 2500.00 Zip Code								

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	—				
	ny information copied from such Reports and for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway				Date o		eceipt		2011	Ŷ				
	City mcallen	State TX	Zip Code 78504		Trans		ion ID	: SA11AI. Receipt th	16490	1				
	FEC ID number of contributing federal political committee.	С					7	7).00				
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	c	ontribu	ition								
в.	Full Name (Last, First, Middle Initial) . Alberto Felici Mailing Address 2309 W. Greenbriar Square				Date of Receipt									
	City	State Zip Code						07 15 2011 Transaction ID : SA11AI.15386						
	mcallen	ТХ	78504	/	Amoun	it of	Each I	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С					7		100).00				
	Name of Employer self-employed	Occupation physician		C0	ontribu	tion								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]										
— c.	Full Name (Last, First, Middle Initial) Alberto Felici				Date o	f Re	ceipt							
	Mailing Address 2309 W. Greenbriar Square				08 18 _2011 _									
	City mcallen	State TX	Zip Code 78504					: SA11AI Receipt th		1				
	FEC ID number of contributing federal political committee.	С					7		10	0.00				
	Name of Employer	Occupation		c	ontribu	ition								
	self-employed	physician												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		800.00											
s	UBTOTAL of Receipts This Page (optional)								450	.00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Dotailod Su V Dogo

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements ma g the name and ad	y not be sold or used by any p ddress of any political committe	erson for the plet to solicit cont	14 urpose c ributions	15 of soliciting from such	16 contribut	ions ee.
Full Name (Last, First, Middle Initial) A. Alberto Felici Mailing Address 2309 W. Greenbriar Squa	are		Date of I	/ D		Y Y	Y
City mcallen	State TX	Zip Code 78504			: SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	С		contributic	7	7	100	.00
Name of Employer self-employed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 900.00		11			
B. Alberto Felici Mailing Address 2309 W. Greenbriar Squa	are		Date of I		D / Y	YYY	Y
City	State	Zip Code			: SA11AI.		
mcallen FEC ID number of contributing federal political committee.	С	78504	Amount o	of Each	Receipt th	is Period 100.	00
Name of Employer self-employed	Occupation physician		contributio	n			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]				
Full Name (Last, First, Middle Initial) C. Alberto Felici	I		Date of I	Receipt			
Mailing Address 2309 W. Greenbriar Squ		7. 0.1	11	/ D	0	2011	Y
City mcallen	State TX	Zip Code 78504			: SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	C		contributio	7	7	100	.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1100.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SUBTOTAL of Receipts This Page (optiona	al)					300.	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	Г	17			
Any information copied from such Reports ar or for commercial purposes, other than using				or the		pose of	f soliciting	g contrib		ns			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	· · · · ·											
A. Alberto Felici Mailing Address 2309 W. Greenbriar Squa	re			Date c		eceipt	D / Y	Y Y	Y	1			
City	State	Zip Code		12 Tran	sact	09 : ion ID	SA11AI	2011 . 16491	_				
mcallen	TX	78504	/	Amour	nt of	Each F	Receipt th	nis Perio	d				
FEC ID number of contributing federal political committee.	С					7		10	00.00)			
Name of Employer	Occupation		CI	ontribu	ition								
self-employed Receipt For:	physician												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00											
Full Name (Last, First, Middle Initial) B. Marco Flores				Date c	of Re	eceipt							
Mailing Address 320 Primrose				M N 07	/	15		ү ү 2011	Y	1			
City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	15387					
mcallen	TX	78504	/	Amour	nt of	Each F	Receipt th	nis Perio	d				
FEC ID number of contributing federal political committee.	С					7	3	25	50.00)			
Name of Employer self-employed	Occupation physician		co	ontribu	tion								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]										
Full Name (Last, First, Middle Initial) C. Marco Flores				Date o	of Re	eceipt							
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)				Date of Receipt									
City mcallen	State TX	Zip Code 78504					: SA11AI Receipt th		d	-			
FEC ID number of contributing federal political committee.	С					,	7	25	50.00)			
Name of Employer	Occupation		C	ontribu	ution								
self-employed	physician												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		2000.00]										
SUBTOTAL of Receipts This Page (optional)							60	0.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC		
A .	Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15823 Amount of Each Receipt this Period 250.00 contribution
	self-employed Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00]
B	Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State TX C Occupation physician Aggregate	Zip Code 78504	Date of Receipt
C .	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician	2500.00 Zip Code 78504	Date of Receipt 11 10 2011 Transaction ID : SA11AI.16260 Amount of Each Receipt this Period 250.00 contribution
sı	JBTOTAL of Receipts This Page (optional).			750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	17					
	y information copied from such Reports and for commercial purposes, other than using t				for the		pose o	f soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		· · · · ·												
Α.	Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose				Date o		eceipt		2011	Y					
	City mcallen	State TX	Zip Code 78504		Tran		ion ID	, : SA11AI Receipt th	.16492	d					
	FEC ID number of contributing federal political committee.	С					7		25	0.00					
	Name of Employer self-employed Receipt For:	Occupation physician			contribu	Julion									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00												
B.	Full Name (Last, First, Middle Initial) Ms Melissa P. Flores				Date of Receipt										
	Mailing Address 4420 East Mile 17 1/2						09 09 2011								
	City								Transaction ID : SA11AI.15824						
	Edinburg	ТХ	78542		Amour	nt of	Each I	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С					,		2	5.00					
	Name of Employer self-employee	Occupation private inve		c	ontribu	ition									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]											
с.	Full Name (Last, First, Middle Initial) Ms Melissa P. Flores				Date c	of Re	eceipt								
	Mailing Address 4420 East Mile 17 1/2				10 14 2011										
	City Edinburg	State TX	Zip Code 78542	_				: SA11AI Receipt th		d					
	FEC ID number of contributing federal political committee.	С			contribu	tion	,		2	25.00					
	Name of Employer	Occupation	1	(contino;	ution									
	self-employee	private inve	estor												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
s	UBTOTAL of Receipts This Page (optional).						7	- 7	30	0.00					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12		17
Any information copied from such Reports a or for commercial purposes, other than usin				or the		pose o	f soliciting	g contril	butio	ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC									
A. Full Name (Last, First, Middle Initial) Mailing Address 4420 East Mile 17 1/2 City	State	Zip Code		Date c 11 Trans	/	10		2011 . 16261		Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	TX C Occupation private inve	stor		Amour		7	Receipt tl		od 25.0)0
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	1							
Full Name (Last, First, Middle Initial) B. Ms Melissa P. Flores Mailing Address 4420 East Mile 17 1/2 City	State	Zip Code		Date c	/	09		2011		r
Edinburg FEC ID number of contributing federal political committee.	С	78542	/				Receipt ti	his Perio	od 25.0	0
Name of Employer self-employee Receipt For: Primary General	Occupation private inve Aggregate	stor Year-to-Date ▼	C(ontribu	tion					
C. Mr. Raymond Franklin Mailing Address 3212 Nightingale Court	State	300.00		Date c	/	, 15	;	2011		Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				nt of	Each F	: SA11AI Receipt tl	his Perio	od 50.0)0
SUBTOTAL of Receipts This Page (optional	al).	<u></u>						1(00.0	0

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 400.0 400.0	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen	State Zip Code TX 78504	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15825 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private investor Aggregate Year-to-Date ▼ 450.00	50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 500.0	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16043 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

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) A. Mr. Raymond Franklin Mailing Address 3212 Nightingale Court City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (energify)	State Zip Code TX 78504 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Raymond Franklin Mailing Address 3212 Nightingale Court		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation private investor	Transaction ID : SA11AI.16494 Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation Occupation Aggregate Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) A. Eugenio Galindo Mailing Address 5936 N. Cynthia			Date of Receipt						
City mcallen	State TX	Zip Code 78504	12 09 2011 Transaction ID : SA11AI.16495						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	contribution						
Other (specify)		800.00]						
Full Name (Last, First, Middle Initial) B. Elvin Garcia Mailing Address 2800 Santa Teresa									
City	State TX	07 15 2011 Transaction ID : SA11AI.15391							
FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period						
Name of Employer self-employed	Occupation physician		contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]						
Full Name (Last, First, Middle Initial) C. Elvin Garcia									
Mailing Address 2800 Santa Teresa	Mailing Address 2800 Santa Teresa								
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.15606 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation								
self-employed Receipt For:	physician	Veente Dete 🗮							
Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]						
SUBTOTAL of Receipts This Page (optional	al)		900.00						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation Occupation Aggregate Year-to-Date ▼ 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16044 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt Date of Receipt 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).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	a		11b	11c		12		,		
		d Otatoria i			13			14	15		16		17		
Ar or	ny information copied from such Reports and for commercial purposes, other than using	the name and a	ddress of any political committee	erson e to s	o for the solicit	ne con	purp ntrib	utions	f solicitin	g co :h co	ontribu	tions tee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC													
Α.	Full Name (Last, First, Middle Initial) Elvin Garcia				Date	of	Re	ceipt							
	Mailing Address 2800 Santa Teresa				M 1	Μ	/	09			2011	Y			
	City	State	Zip Code				acti		SA11A						
	mission	ТХ	78572		Amo	unt	of	Each F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С						7		_	250	.00			
	Name of Employer	Occupation			contri	but	ion								
	self-employed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		0000.00	11.											
	Other (specify)		3000.00	4											
в.	Full Name (Last, First, Middle Initial) Hiram Garcia				Date	of	Re	ceipt							
Ō	Mailing Address 2712 E Mile 5 Road						07 15 2011								
	City	State	Zip Code		Tra	nsa	actio	on ID :	SA11AI	.153	92				
	Mission	ТХ	78574		Amo	unt	of	Each F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С						7		_	250	.00			
	Name of Employer	Occupation			contril	outi	on								
	selfemployed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			u Li											
	Other (specify)		1750.00	4											
— c.	Full Name (Last, First, Middle Initial) Hiram Garcia				Date	of	Re	ceipt							
	Mailing Address 2712 E Mile 5 Road						/	D 18			011	Y			
	City	State	Zip Code		Tra	ins	acti	on ID	: SA11A	.156	507				
	Mission	ТХ	78574		Amo	unt	of	Each F	Receipt t	nis F	Period				
	FEC ID number of contributing federal political committee.	С						7			250	0.00			
	Name of Employer	Occupation		_	contri	but	ion								
	selfemployed	physician													
	Receipt For:		Year-to-Date ▼												
	Primary General	riggrogato		d.											
	Other (specify)		2000.00												
s	UBTOTAL of Receipts This Page (optional)							,			750	.00			

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose o			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Α.	Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road				Date o		eceipt	D / Y	- Y - Y	Y
					09	1	09	,	2011	_
	City	State	Zip Code		Trans	sacti	ion ID	: SA11AI.	15827	
	Mission	TX	78574		Amoun	nt of	Each I	Receipt th	nis Period	b
	FEC ID number of contributing federal political committee.	С					7		25	0.00
	Name of Employer	Occupation		C	ontribu	ition				
	selfemployed	physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00							
			/g) // // // // // //	11.						
в.	Full Name (Last, First, Middle Initial) Hiram Garcia				Date o	of Re	eceipt			
	Mailing Address 2712 E Mile 5 Road			M M	/	D 14		2011	Y	
City	City	State	Zip Code		Trans	sacti	on ID :	SA11AI.	16045	
	Mission	ТХ	78574		Amoun	nt of	Each I	Receipt th	nis Period	b
	FEC ID number of contributing federal political committee.						,	7	250	0.00
	Name of Employer	Occupation		C	ontribu	tion				
	selfemployed	physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Hiram Garcia				Date o	of Re	eceipt			
	Mailing Address 2712 E Mile 5 Road			^M 11	/	D 10		ү ү 2011	Y	
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	16264	
	Mission	TX	78574	·	Amoun	nt of	Each I	Receipt th	nis Period	b
	FEC ID number of contributing federal political committee.	С			ontribu	ution of		9	25	0.00
	Name of Employer	of Employer Occupation								
	selfemployed	physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		2750.00]						
s	UBTOTAL of Receipts This Page (optional)			•			5		75(0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	H	11b 14	11c	12	17					
	n such Reports and Statements n s, other than using the name and												
NAME OF COMMITTEE	E (In Full) TH FEDERAL PAC												
A. Hiram Garcia Mailing Address 2712 E			M	М	Receipt		2011	Y					
City Mission	State TX	Zip Code 78574	12 09 2011 Transaction ID : SA11AI.16497 Amount of Each Receipt this Period										
FEC ID number of contr federal political committe					7	7	25	0.00					
Name of Employer selfemployed Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 3000.00		ibutio	on								
B. Full Name (Last, First, M Ms Nancy Garcia Mailing Address 1409 D			M	M	Receipt		Y Y	Y					
City Mission	-					11 10 2011 Transaction ID : SA11AI.16265							
FEC ID number of contr federal political committee	ributing	78572	Amount of Each Receipt this Period			d D.00							
Name of Employer selfemployed	Occupation private inv		contr	ibutic	on								
Receipt For: Primary 0 Other (specify) ▼	General Aggregat	e Year-to-Date ▼ 220.00	1										
Full Name (Last, First, M C. Ms Nancy Garcia			Dat	e of I	Receipt								
Mailing Address 1409 D				™ 12	/ D 09		ү ү 2011	Y					
City Mission	State TX	Zip Code 78572				: SA11AI Receipt th		d					
FEC ID number of contr federal political committe	ş						2	0.00					
Name of Employer O			cont	ributio	on								
selfemployed Receipt For: Primary Other (specify)	General Private inv General	e Year-to-Date ▼ 240.00]										
SUBTOTAL of Receipts T	his Page (optional)				-		290	0.00					

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12		17	
					for the		pose o	f soliciting	g contri	buti	ons
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA										
A.	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo				Date o		eceipt	D / Y	Y	Y	Y
-	City	State	Zip Code		07		15		2011		
_	Mission	ТХ	78572		Amour	nt of	Each	Receipt tl	his Peri	od	
	EC ID number of contributing ederal political committee.	С					3		4	00.0	00
I	Name of Employer	Occupation	1		contribu	ltion					
	self-employed	physician									
Ī	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		0000.00	11.							
	Other (specify)		2800.00								
	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia				Date o	of Re	eceipt				
l	Mailing Address 1717 Palazzo				M N 08	/	18		_2011		Y
(City	State	Zip Code		Tran	sact	ion ID :	: SA11AL	.15609		
-	Mission	ТХ	78572		Amour	nt of	Each	Receipt tl	his Peri	od	
	FEC ID number of contributing ederal political committee.	С					,		4	00.0	00
1	Name of Employer	Occupation	1	c	ontribu	ition					
5	self-employed	physician									
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]							
	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia				Date o	of Re	eceipt				
-	Mailing Address 1717 Palazzo				м 09	Λ	09		2011		Y
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.15829		
-	Mission	ТХ	78572		Amour	nt of	Each	Receipt tl	his Peri	od	
	FEC ID number of contributing ederal political committee.	С		7 7 7			4	100.0	00		
Name of Employer Occupat			1	- '	contrib	utior	1				
	self-employed	physician									
Ī	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		3600.00								
รเ	JBTOTAL of Receipts This Page (optional)		<u> </u>			7		12	00.0	0

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
A .	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo			Date of Receipt
	City Mission	State TX	Zip Code 78572	10 14 2011 Transaction ID : SA11AI.16047 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 4000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.16266
	Mission FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 4400.00	<pre>contribution </pre>
C.	Full Name (Last, First, Middle Initial)		9 9	Date of Receipt
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.16499 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation		contribution
	self-employed	physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00	1

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 4	11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using the			or the	purpo	ose of	f soliciting	g contribu	itions				
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	Otota	7in Orde		Date o	/	15		2011	Ŷ			
City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15390 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			ontribu	tion,		7	200	0.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1400.00		ontribu	luon							
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240			Date of Receipt					YYY	Y			
City	State	Zip Code										
Mcallen FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 200.0 contribution				_					
Name of Employer selfemployed	Occupation physician											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00]									
Full Name (Last, First, Middle Initial) C. Dr. Carlos Garcia-Cantu				Date o	f Rece	eipt						
Mailing Address 4121 N. 10th #240				м м 09	/	09		2011	Ŷ			
City Mcallen	State TX	Zip Code 78504					: SA11AI. Receipt th		1			
FEC ID number of contributing federal political committee.	С							200	0.00			
Name of Employer	Occupation			ontribu	llion							
selfemployed	physician											
	Aggregate	Year-to-Date ▼										
Other (specify)		1800.00]									
SUBTOTAL of Receipts This Page (optional)								600	.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using			for the	purpose	of solicitin	g contribu	utions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC										
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen	State TX	Zip Code 78504	Date of Receipt								
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Y	/ear-to-Date ▼ 2000.00		ontribu				D.00			
Full Name (Last, First, Middle Initial) B. Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78504 //ear-to-Date ▼ 2200.00		11 Trans	t of Eac	t 10 D : SA11AI h Receipt t	his Period	ý 1 1.00			
Full Name (Last, First, Middle Initial) C. Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78504 //ear-to-Date ▼ 2400.00		12 Trans	saction I t of Eac		his Period	1 0.00			
SUBTOTAL of Receipts This Page (optional)			•		- 7		600	.00			

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

SCHEDULE A (FEC Form	3X)
ITEMIZED RECEIPTS	

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

(check only one)

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Α. Ms Anna Garza Date of Receipt Mailing Address 3212 S Boyce Circle M M / 09 09 2011 City State Zip Code Transaction ID : SA11AI.15831 ΤХ Donna 78557 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Anna Garza Date of Receipt Mailing Address 3212 S Boyce Circle Μ M 10 2011 14 City State Zip Code Transaction ID : SA11AI.16049 ТΧ 78557 Donna Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primarv General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms Anna Garza Date of Receipt Mailing Address 3212 S Boyce Circle M = M / D 2011 11 10 City State Zip Code Transaction ID : SA11AI.16268 ТΧ Donna 78557 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17
	ny information copied from such Reports and for commercial purposes, other than using										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC									
Α.	Full Name (Last, First, Middle Initial)Ms Anna GarzaMailing Address 3212 S Boyce Circle				Date of 12		eceipt		2011		Y
	City Donna	State TX	Zip Code 78557					: SA11AI Receipt tl		iod	
	FEC ID number of contributing federal political committee.	C					1			25.	00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		c	ontribu	Jtior	1				
в.	Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive				Date o		eceipt	D / Y	Ý	Y	Ŷ
	City	State	Zip Code		07 15 2011 Transaction ID : SA11AI.15397						
	Edinburg FEC ID number of contributing federal political committee.	С	78539	Amount of Each Receipt this Pe			iod 100.0	00			
	Name of Employer self-employed Receipt For:	Occupation physician		c	ontribu	ition					
	Primary General Other (specify)	Aggregate	1								
с.	Full Name (Last, First, Middle Initial) Dr. James Garza				Date o	of R	eceipt				
	Mailing Address 2821 Lakeshore Drive				M N 08	И	18		2011		Y
	City Edinburg	State TX	Zip Code 78539					: SA11AI Receipt tl			
	FEC ID number of contributing federal political committee.	C					7		2	400.	00
Name of Employer		Occupation			contrib	utior	1				
	self-employed Receipt For:	physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00	1							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12		
	ny information copied from such Reports and for commercial purposes, other than using					purp					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Α.	Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive				Date o		ceipt		2011	Y	
	City Edinburg	State TX	Zip Code 78539					: SA11AI. Receipt th	15832	1	
	FEC ID number of contributing federal political committee.	С					,		400	0.00	
	Name of Employer self-employed Receipt For:	Occupation physician	Year-to-Date ▼	C	ontribu	ition					
	Primary General Other (specify) ▼	Aggregate	3600.00]							
в.	Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive				Date o	of Rec			V V	Y	
		State	Zip Code		10		14		2011	Ŷ	
	City Edinburg	TX	78539					SA11AL Receipt th		1	
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	Name of Employer self-employed	Occupation physician		c	ontribu	tion					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00]							
с.	Full Name (Last, First, Middle Initial) Dr. James Garza				Date o	f Rec	ceipt				
	Mailing Address 2821 Lakeshore Drive				M M	1	D 10		2011	Y	
	City Edinburg	State TX	Zip Code 78539		Transaction ID : SA11AI.16269 Amount of Each Receipt this Period					1	
	FEC ID number of contributing federal political committee.	С			400.00 contribution						
	Name of Employer	Occupation									
	self-employed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00]							
5	UBTOTAL of Receipts This Page (optional)			 ►			,		1200	.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	11a		11b 14	11c	12				
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A. Dr. Jam	e (Last, First, Middle Initial) nes Garza ddress 2821 Lakeshore Drive				Date o		D		Y Y	- Y			
City Edinburg		State TX	Zip Code 78539					SA11AI . Receipt th					
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Name of I self-emplo Receipt Fo	yed or:	Occupation physician Aggregate	Year-to-Date ▼	C(ontribu	ition							
Othe	er (specify) ▼		4800.00										
B. Rene G	e (Last, First, Middle Initial) Carza Idress 5404 N. 1st street			[Date o	of Ree	D		Y Y	Y			
City		State	State Zip Code				07 15 2011 Transaction ID : SA11AI.15398						
mcallen		ТХ	78504	A	Amount of Each Receipt this Period					b			
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Receipt For: Primary General Other (specify) ▼		Aggregate]										
Full Name	e (Last, First, Middle Initial) Garza				Date o	of Red	ceipt						
	ddress 5404 N. 1st street	-			M M 08	/	D 18		у у 2011	Y			
City mcallen		State TX	Zip Code 78504	-				: SA11AI Receipt th		d			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir				or the p	ourpose o	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private invest Aggregate Y	Zip Code 78504 or ear-to-Date ▼ 2250.00	A	M M 09 Transa	of Each		is Period	
Full Name (Last, First, Middle Initial) B. Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private invest Aggregate Y	Zip Code 78504 or ear-to-Date ▼ 2500.00	A	M M 10 Transa	of Each			
Full Name (Last, First, Middle Initial) C. Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private invest Aggregate Y	Zip Code 78504 cor ear-to-Date ▼ 2750.00	A	M M 11 Transa	of Each		iis Period	
SUBTOTAL of Receipts This Page (option	al)				,	7	750	.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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435

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	1	Zip Code 78539 ee physician Year-to-Date ▼ 875.00	Date of Receipt 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 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78539 vee physician Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			500.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78539 ee physician Year-to-Date ▼ 1125.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78539 ee physician Year-to-Date ▼ 1250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78539 ree physician Year-to-Date ▼ 1375.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional))		375.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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435

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	a 11		c 12 16	17
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NAME OF COMMITTEE (In Full) BORDER HEALTH FE	DERAL PAC						
Full Name (Last, First, Middle Init A. Dr. Ayda Garza-Montalvo			_	of Rece	·		
Mailing Address 2311 Silvardo No		7. 0. 1	1:	2	09	2011	Y
City Palmhurst	State TX	Zip Code 78539			ID:SA11 ich Receipt	AI.16504 t this Period	ł
FEC ID number of contributing federal political committee.	C				1	125	5.00
Name of Employer selfemployed	Occupation self-employee	physician	contri	bution			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1500.00]				
Full Name (Last, First, Middle Init B. Lawrence Gelman			Date	of Rece	ipt		
Mailing Address 3900 Sundown D	rive		0		15 /	2011	Y
City mcallen	State TX	Zip Code 78503			ID:SA11	AI.15399 t this Period	
FEC ID number of contributing federal political committee.	С			7			0.00
Name of Employer selfemployed	Occupation physician		contrib	oution			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2800.00]				
Full Name (Last, First, Middle Init C. Lawrence Gelman	al)		Date	of Recei	ipt		
Mailing Address 3900 Sundown E	rive		M 01		18	y y y 2011	Y
City mcallen	State TX	Zip Code 78503			ID:SA11	AI.15615 t this Period	
FEC ID number of contributing federal political committee.	C						0.00
Name of Employer	Occupation		contri	bution			
selfemployed Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 3200.00]				
SUBTOTAL of Receipts This Page	(optional)					925	i.00

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		1b 4	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			for the	purpos	se o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 3600.00		saction t of Ea	09 n ID :		iis Perioc	
Full Name (Last, First, Middle Initial) B. Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4000.00		saction t of Ea	14 <u>1</u> 4 1 ID :	SA11AI. Seceipt th	is Perioc	y 1 0.00
Full Name (Last, First, Middle Initial) C. Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4400.00		saction t of Ea	10 10		iis Perioc	d 0.00
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a		11b 14	11c	12	17	
Any information copied from such Reports and S or for commercial purposes, other than using the		for the		pose o	f soliciting	g contribu	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F			 					
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4800.00		sacti	09 ion ID		nis Period	
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1508.54		/ sacti t of	15 ion ID		nis Period	
Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1682.29		/ sacti t of	18 ion ID		nis Period	
SUBTOTAL of Receipts This Page (optional)							803	3.74

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	H	11b	11c	12	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name (Last, First, Middle Initial) A. Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78572 ∕ear-to-Date ▼		9 ansae	of Each) : SA11AI.	2011 1 5836 nis Period 115	
Full Name (Last, First, Middle Initial) B. Robert Genovese		1797.70	Date	e of F	Receipt			
Mailing Address 2208 Summer Breeze City	State TX	Zip Code 78572		0 ansad	tion ID	1 : SA11AI.		Y
FEC ID number of contributing federal political committee.	Occupation					Receipt tr	nis Period 115	.41
selfemployed Receipt For: Primary General Other (specify) V	physician	/ear-to-Date ▼ 1913.11]					
Full Name (Last, First, Middle Initial) C. Robert Genovese Mailing Address 2208 Summer Breeze			М	e of F 1	Receipt		2011	Ŷ
City mission	State TX	Zip Code 78572	Tr	ansa	ction ID	: SA11AI		
FEC ID number of contributing federal political committee.	Occupation		conti	ibutic	, on	5	80	0.79
selfemployed Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 1993.90]					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	-		11b	11c		12		
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Full Name (Last, First, Middle Initial) Robert Genovese Mailing Address 2208 Summer Breeze City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2080.46		sactio	09 09		20 . 165		Y 56]
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 700.00		/ sactio t of E	15 15		20 . 154 (00]
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 800.00		saction t of E	18 0n ID :		20 . 156		_]
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 900.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15837 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Opposition Aggregate Year-to-Date ▼ 1100.00 1100.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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EMIZED RECEIPTS for each category of the Detailed Summary Page		11a		11b 14	11c	12	17	
Any information copied from such Reports or for commercial purposes, other than us		for the	purp	ose of	f soliciting	g contrib	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Dr. Richard Gillett Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1200.00		saction nt of E	09 on ID :		nis Perioo	_
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician Aggregate	Year-to-Date ▼		sactic	15		nis Perioo	
City Full Name (Last, First, Middle Initial) C. Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	700.00 Zip Code 78504 Year-to-Date ▼ 800.00		saction nt of E	18 0n ID :		nis Perioo 10	_
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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IT	ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page		(check only one)					
			Detailed Summary Page					
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Α.	Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt				
	Mailing Address 106 W. Flamingo			09 09 2011				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15838 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer	Occupation physician	I	contribution				
	selfemployed Receipt For: Primary General Other (specify)		Year-to-Date ▼ 900.00	1				
— B	Full Name (Last, First, Middle Initial)			Date of Receipt				
D.	Mailing Address 106 W. Flamingo			10 14 _2011 _				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16056 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer selfemployed	Occupation physician		contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]				
–	Full Name (Last, First, Middle Initial) Alvaro Giraldo			Date of Receipt				
•	Mailing Address 106 W. Flamingo			11 10 2011				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16275 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer	Occupation	I	contribution				
	selfemployed Receipt For: Primary General	physician Aggregate	Year-to-Date ▼	-				
	Other (specify)		1100.00	1				
s	UBTOTAL of Receipts This Page (optional).			300.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		IPIS for each category of the Detailed Summary Page X 11a 11b 13 14				11c	11c 12 15 16		
Any information copied from such Reports or for commercial purposes, other than usin						of soliciting	g contribu	itions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) A. Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78504 ar-to-Date ▼ 1200.00	A	M M M 12 Transa	of Each		is Period		
Full Name (Last, First, Middle Initial) B. Mr. Marco Gomez Mailing Address 2705 Biltmore City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investo Aggregate Ye		A	M M 09 Transa	of Each		is Period	5.00	
Full Name (Last, First, Middle Initial) C. Mr. Marco Gomez Mailing Address 2705 Biltmore City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private investo Aggregate Ye		A	M M 10 Trans	of Each		iis Period		
SUBTOTAL of Receipts This Page (option	al)				- 7 - 1	- 7	150	.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee. Date of Receipt Mark 10 2011 Transaction ID : SA11AI.16276 Amount of Each Receipt this Period 25.00 contribution Date of Receipt 12 09 12 09 Amount of Each Receipt this Period Amount of Each Receipt 12 09 Amount of Each Receipt this Period
78539 stor Year-to-Date ▼ 275.00 Zip Code	Minim / Did 2011 Transaction ID : SA11AI.16276 Amount of Each Receipt this Period 25.00 contribution
78539 stor Year-to-Date ▼ 275.00 Zip Code	Minim / Did 2011 Transaction ID : SA11AI.16276 Amount of Each Receipt this Period 25.00 contribution
78539 stor Year-to-Date ▼ 275.00 Zip Code	Amount of Each Receipt this Period 25.00 contribution Date of Receipt 12 09 2011 Transaction ID : SA11AI.16509
Year-to-Date ▼ 275.00 Zip Code	Date of Receipt 12 09 / YFYFYY 2011 Transaction ID : SA11AI.16509
	12 09 2011 Transaction ID : SA11AI.16509
	25.00
tor Year-to-Date ▼ 300.00	<pre>contribution </pre>
	Date of Receipt
Zip Code 78596	Transaction ID : SA11AI.15840 Amount of Each Receipt this Period
	25.00
	78596

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca	State	Zip Code	Date of Receipt
Weslaco FEC ID number of contributing federal political committee.	ТХ	78596	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		contribution
B. Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca			Date of Receipt
City Weslaco FEC ID number of contributing federal political committee.	State TX	Zip Code 78596	Transaction ID : SA11AI.16277 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		contribution
C. Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca	State	Zip Code	Date of Receipt
Weslaco FEC ID number of contributing federal political committee.	С	78596	Amount of Each Receipt this Period 25.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation private inve Aggregate]
SUBTOTAL of Receipts This Page (option	al)		75.00

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

CHEDULE A (FEC Form 3 FEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 OF (check only one) (check 112 11a 11b 11c 12 13 14 15 16
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	AL PAC		
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address P.O. Box 9817	01.1	7.0.1	M M / D D / Y
City alamo	State TX	Zip Code 78516	Transaction ID : SA11AI.15406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer	Occupation		contribution
selfemployed	private inve	stor	
Receipt For:	Aggregate	Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Ada Gonzalez	·	Date of Receipt
Mailing Address P.O. Box 9817		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15621
alamo	TX 78516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
C. Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code	09 09 2011
City alamo	State Zip Code TX 78516	Transaction ID : SA11AI.15841
	1/ 76510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
	umber only)	225.00

525.00

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
A.	Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817 City alamo FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation private inve		Date of Receipt
	Primary General Other (specify) ▼		750.00	1
в.	Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.16278
	alamo FEC ID number of contributing federal political committee.	С	78516	Amount of Each Receipt this Period
	Name of Employer selfemployed Receipt For:	Occupation private inve	stor	
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 825.00	1
c.	Full Name (Last, First, Middle Initial) Ada Gonzalez			Date of Receipt
	Mailing Address P.O. Box 9817			12 09 2011
	City alamo	State TX	Zip Code 78516	Transaction ID : SA11AI.16511 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	selfemployed	private inve	stor	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
s	UBTOTAL of Receipts This Page (optional)			225.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	— 1 –
Any information copied from such Repo or for commercial purposes, other than									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE									
Full Name (Last, First, Middle Initial) A. Ms Aida Gonzalez Mailing Address 311 E. Davis City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation private inver Aggregate	Zip Code 78539 stor Year-to-Date ▼			sact t of	tion ID Each		his Perio	
Other (specify) ▼ Full Name (Last, First, Middle Initial)		220.00							
B. Ms Aida Gonzalez Mailing Address 311 E. Davis	0144	7. 0.1		Date o	/	0	9	2011	Ŷ
City Edinburg	State TX	Zip Code 78539					: SA11AL		d
FEC ID number of contributing federal political committee.	C		78539 Amount of Each Receipt th		0.00				
Name of Employer selfemployed	Occupation private inves	stor	C0	ontribu	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1						
Full Name (Last, First, Middle Initial) C. Jaime Gonzalez				Date o	f Re	eceipt			
Mailing Address 3511 Plazas del Lag				м м 07		D 1	5	2011	Y
City edinburg	State TX	Zip Code 78539	,				: SA11AI Receipt tl		d
FEC ID number of contributing federal political committee.	С			ontribu	ution	7			0.00
Name of Employer	Occupation			onnibu		1			
selfemployed	private inve	stor							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00	1						
SUBTOTAL of Receipts This Page (op	tional)	······				7		29	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and						purp				
NAME OF COMMITTE BORDER HEA	E (In Full)							nom suc	I COMM	ilee.
Full Name (Last, First, A. Jaime Gonzalez Mailing Address 3511					Date o		ceipt	D / Y	Y Y	Ý
City		State	Zip Code		08 Trans	sactio	18 : on ID	: SA11AI	2011 . 15623	_
edinburg FEC ID number of cor federal political commi		С	78539		Amoun	it of E	Each F	Receipt th		d 0.00
Name of Employer selfemployed		Occupation private inve		c	ontribu	ition				
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 2000.00]						
Full Name (Last, First, B. Jaime Gonzalez					Date o	f Rec	ceipt			
Mailing Address 3511	Plazas del Lago				м м 09	/	09		2011	Y
City		State	Zip Code					SA11AI.		
edinburg FEC ID number of cor federal political commi		С	78539	Amount of Each Receipt this Period		d 0.00				
Name of Employer selfemployed		Occupation private inves		C0	ontribu	tion				
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 2250.00	1						
Full Name (Last, First, C. Jaime Gonzalez					Date o	f Rec	ceipt			
Mailing Address 3511	Plazas del Lago				м м 10	/	D 14		ү 2011	Y
City edinburg		State TX	Zip Code 78539					: SA11AI Receipt th		d
FEC ID number of cor federal political commi	s a l							5	25	0.00
Name of Employer		Occupation		C	ontribu	ution				
selfemployed		private inve	stor							
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 2500.00]						
SUBTOTAL of Receipts	This Page (optional)					7	7	750	0.00

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City edinburg	State TX	Zip Code 78539	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inve Aggregate		250.00
Full Name (Last, First, Middle Initial) B. Jaime Gonzalez Mailing Address 3511 Plazas del Lago City	State	Zip Code	Date of Receipt
edinburg FEC ID number of contributing federal political committee.		78539	Transaction ID : SA11AI.16513 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation private inve Aggregate		<pre>contribution </pre>
C. Full Name (Last, First, Middle Initial) Mailing Address 1501 Meadwood	State	Zip Code	Date of Receipt
weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician	78596	Transaction ID : SA11AI.15404 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional	l)		750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	s and Statements may not be sold or used by any significant committee sold and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
A. Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt
City weslaco	State Zip Code TX 78596	08 18 2011 Transaction ID : SA11AI.15624
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
B. Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15844
Weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) C. Juan Gonzalez-Dickson		Date of Receipt
Mailing Address 1501 Meadwood		10 14 Y Y Y Y Y 2011
City weslaco	StateZip CodeTX78596	Transaction ID : SA11AI.16062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution
SUBTOTAL of Receipts This Page (opti	onal)	750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	I Statements may not be sold or used by any e name and address of any political commit	13 14 15 16 17 r person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation Occupation Aggregate Year-to-Date ▼ 2750.00 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 weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78596 C Occupation Occupation Aggregate Year-to-Date ▼ 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) Verley Gordon Mailing Address 1700 E. Mile 3 Road City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation Object Aggregate Year-to-Date ▼ 1750.00 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)		▶ 750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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RECEIPTS		for each category of the Detailed Summary Page		-	11b		12	<u> </u>						
		y not be sold or used by any p ddress of any political committe												
COMMITTEE (In Full) ER HEALTH FEDER.	-													
(Last, First, Middle Initial) iordon dress 1700 E. Mile 3 Road	State	Zip Code		м м 08	JL	ot 18 ID : SA11A	2011 2011	Y						
mber of contributing tical committee.	ТХ	78574	/			h Receipt	this Perio	d 60.00						
mployer ed r: ary General r (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 2000.00		ontribu	tion									
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road					Date of Receipt 09 09 2011									
mber of contributing tical committee.	State TX	Zip Code 78574		this Period	d 0.00									
mployer ed r: ary General r (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 2250.00	contribution											
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road						ot 14	Y Y Y 2011	Y						
mber of contributing tical committee.	State TX	Zip Code 78574	/			ID : SA11 <i>A</i> h Receipt	this Perio	d 50.00						
mployer ed r: ary General r (specify) ▼	physician	Year-to-Date ▼ 2500.00	c	ontribu	ition									
tical committe mployer ed r: ary (specify) v	General	e. Occupation physician General	ee. C C C C C C C C C C C C C C C C C C	ibuting pe. Occupation physician Aggregate Year-to-Date ▼ General 2500.00	ibuting pe. C C C C C C C C C C C C C C C C C C C	ibuting ve. C C C C C C C C C C C C C C C C C C C	ibuting pe. C C C C C C C C C C C C C C C C C C C	ibuting ve. C C C C C C C C C C C C C C C C C C C						

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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			Detailed Summary Page	×	11a 13		1b 4	11c	12	1 17					
Any ir or for	nformation copied from such Reports and commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p ddress of any political committee	erson for e to sol	or the	purpo	se of	15 f soliciting from such	16 g contribu h commit	tions tee.					
	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERA	L PAC													
A V	Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road						Date of Receipt								
Cit	У	State	Zip Code	Transaction ID : SA11AI.16282											
mi	ission	ТХ	78574	Amount of Each Receipt this Period											
	C ID number of contributing leral political committee.	С				,		- 7	238	.68					
Na	me of Employer	Occupation	1	cc	ontribut	tion									
sel	femployed	physician													
Re	ceipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11											
	Other (specify)	L	2738.68												
	ll Name (Last, First, Middle Initial) erley Gordon			С	Date of	Rece	əipt								
Ма	Mailing Address 1700 E. Mile 3 Road						12 09 _2011 _								
Cit	у	State	Zip Code	Transaction ID : SA11AI.16516											
mi	ssion	ТХ	78574	A	mount	t of Ea	ach F	Receipt th	nis Period						
	C ID number of contributing leral political committee.	С		238.6											
Na	me of Employer	Occupation	I	co	ontributi	ion									
sel	femployed	physician													
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2977.36]											
	II Name (Last, First, Middle Initial) Enrique Griego			С	Date of	Rece	əipt								
Ма	Mailing Address 905 Inspiratin Drive						D 15		2011	Y					
Cit	У	State	Zip Code		Trans	actio	n ID	: SA11AI.	15410						
ph	narr	ТХ	78577	A	mount	t of Ea	ach F	Receipt th	nis Period						
	C ID number of contributing leral political committee.			, ,			400	0.00							
Na	me of Employer		ontribut	uon											
	lfemployed	physician													
Re	Ceipt For: Primary General	Aggregate	Year-to-Date ▼ 2800.00	1											
	Other (specify)		200.00	Ц.,		_									
SUB	TOTAL of Receipts This Page (optional)								877	.36					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports and S	tatements may not be sold or used by ar	y person for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and address of any political comm	nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 3200.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15626 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 3600.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation Ophysician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16064 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)		

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC	
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 4400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt
City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.16517 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4800.00	contribution
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura		Date of Receipt
City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 350.00	07 15 2011 Transaction ID : SA11AI.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).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17					
	y information copied from such Reports and for commercial purposes, other than using t				for the		pose o	f soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL														
Α.							Date of Receipt								
	Mailing Address 2603 Santa Laura			08 18 _ 2011 _											
	City Mission	State TX	Zip Code 78572		Transaction ID : SA11AI.15627										
			- 1	Amoun	t of	Each I	Receipt th	nis Perio	d						
	FEC ID number of contributing federal political committee.	C					7		5	0.00					
	Name of Employer	Occupation		C	ontribu	ition									
	self-employee	physician													
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General		400.00	11											
	Other (specify)		1												
Β.	Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo						Date of Receipt								
	Mailing Address 2603 Santa Laura						09 09 _2011 _								
	City	State	Zip Code	Transaction ID : SA11AI.15847											
	Mission	ТХ	78572		Amoun	t of	Each I	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer	Occupation	1	C	ontribu	tion									
	self-employee	physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]											
с.	Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo				Date o	of Re	eceipt								
	Mailing Address 2603 Santa Laura						10 14 2011								
	City	State	Zip Code	Transaction ID : SA11AI.1606											
	Mission	ТХ	78572		Amoun	t of	Each I	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С					7		5	0.00					
	Name of Employer	Occupation	I		ontribu	ition									
	self-employee	physician													
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00]											
s	UBTOTAL of Receipts This Page (optional).						7	7	15	0.00					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		1b 4	11		12 16		17		
An or	y information copied from such Reports and for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p uddress of any political committe	erson e to so	for the	purpo	se o	f solic	iting co	ontribut	tions ee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC												
Α.	Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura				Date of	f Rece	eipt D			2011	Y			
	City	State	Zip Code		Trans	saction	n ID	: SA11	1AI.162	284				
	Mission	TX	78572		Amoun	t of Ea	ach I	Receip	ot this	Period				
	FEC ID number of contributing federal political committee.	С			ontribu	tion			,	50	.00			
	Name of Employer	Occupation	1		onnibu	lion								
	self-employee	physician												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00											
			· · · · ·	11										
	Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo				Date o	f Rece	eipt							
	Mailing Address 2603 Santa Laura				^M 12	/	D 09			011	Y			
	City	State	Zip Code		Trans	actior	ID :	: SA11	AI.165	518				
	Mission	ТХ	78572		Amoun	t of Ea	ach I	Receip	ot this	Period				
	FEC ID number of contributing federal political committee.	С							,	50	.00			
	Name of Employer	Occupation	1	C	ontribut	tion								
	self-employee	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]										
<u> </u>	Full Name (Last, First, Middle Initial) Daniel Guerra				Date o	f Rece	eipt							
	Mailing Address 101 S. Broadway				м м 07	/	D 15			2011	Y			
	City	State	Zip Code		Trans	sactio	n ID	: SA1′	1AI.154	413				
	Mcallen	ТХ	78501		Amoun	t of Ea	ach I	Receip	ot this	Period				
	FEC ID number of contributing federal political committee.	С			400.00									
	Name of Employer	Occupation	1	C	ontribu	ition								
	self-employed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		11.										
	Other (specify)		2800.00											
s	UBTOTAL of Receipts This Page (optional)									500.	00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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435

ITEMIZED RECEIPTS			Detailed Summary Page				11b	11c	12	
Any information or for commerci	copied from such Reports al purposes, other than us	and Statements maing the name and a	y not be sold or used by any p ddress of any political committed	erson e to se	13 for the olicit co	purpo	14 ose o tions	15 f soliciting from such	16 contribut committ	tions ee.
	OMMITTEE (In Full) R HEALTH FEDER	AL PAC								
A. Daniel Gu Mailing Addre City Mcallen FEC ID num federal politic Name of Em self-employee Receipt For:	ber of contributing cal committee. ployer	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3200.00			sactio t of E	18 18			
B. Daniel Gu Mailing Addre City Mcallen FEC ID num	ess 101 S. Broadway	State TX	Zip Code 78501			/ sactio	09 n ID :			
Name of Em self-employed Receipt For:		Occupation physician	Year-to-Date ▼ 3600.00	c	contribu	tion		<u> </u>		
C. Daniel Ġ Mailing Addre City Mcallen FEC ID num federal politic Name of Em self-employe Receipt For:	ber of contributing cal committee. ployer		Zip Code 78501 Year-to-Date ▼ 4000.00			sactio	14 0n ID			0.00
SUBTOTAL of	Receipts This Page (option	nal)		 ►					1200.	.00

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
	nd Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA Full Name (Last, First, Middle Initial) A. Daniel Guerra	L PAC	Date of Receipt
Mailing Address 101 S. Broadway	State Zip Code	M / D / Y
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed Receipt For:	physician Aggregate Year-to-Date ▼ 4250.00]
Full Name (Last, First, Middle Initial) B. Daniel Guerra	·	Date of Receipt
Mailing Address 101 S. Broadway		M M / D D / Y Y Y Y 12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16519
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00]
Full Name (Last, First, Middle Initial) C. John Guerra		Date of Receipt
Mailing Address 3105 Forest Court	State Zip Code	
mission	TX 78572	Transaction ID : SA11AI.15414
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution

physician

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

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

Aggregate Year-to-Date V

700.00

435

17

600.00

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selfemployed

Receipt For:

Primary

Other (specify)

General

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

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

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		br each category of the Detailed Summary Page		K 11a		11b	11c	12	
Any information copied from such Report or for commercial purposes, other than	ts and Statements may no using the name and addre	ot be sold or used by any p ss of any political committe	erson	13 for the olicit co	purp	14 ose o utions	15 f soliciting from suc	g contribu h commit	itions tee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	-								
Full Name (Last, First, Middle Initial)				Date o	of Rec	ceipt			
Mailing Address 3105 Forest Court				08	/	18		2011	Y
City mission	State TX	Zip Code 78572		Trans		on ID	: SA11AI	.15629	
FEC ID number of contributing federal political committee.	C			Amoun		Each I	Receipt th).00
Name of Employer	Occupation		-	contribu	ition				
selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 800.00]						
Full Name (Last, First, Middle Initial) B. John Guerra				Date o	of Red	ceipt			
Mailing Address 3105 Forest Court				09	/	09		2011	Y
City		Zip Code					: SA11AI.	15849	
mission	ТХ	78572		Amoun	nt of E	Each I	Receipt th	nis Perioc	1
FEC ID number of contributing federal political committee.	С					,		100	0.00
Name of Employer selfemployed	Occupation physician		(contribu	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 900.00]						
Full Name (Last, First, Middle Initial) C. John Guerra				Date o	of Red	ceipt			
Mailing Address 3105 Forest Court				10 ^M		D		20 <u>1</u> 1	Y
City mission	State TX	Zip Code 78572					: SA11AI Receipt th		
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period					
Name of Employer	Occupation			contribu	ltion				
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1000.00	1						
SUBTOTAL of Receipts This Page (opt	ional)					,		300	.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	2	
Any information canied from such Derector	nd Statements			13 for the		14	15		-	<u>17</u>
Any information copied from such Reports a or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC									
Full Name (Last, First, Middle Initial) A. John Guerra				Date o		· ·				
Mailing Address 3105 Forest Court	Stata	Zin Codo		1 <u>1</u>		10)	201	1	Y
City mission	State TX	Zip Code 78572					: SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	С					,			100.0	00
Name of Employer selfemployed	Occupation physician		c	ontribu	ition	I				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	1							
Full Name (Last, First, Middle Initial) B. John Guerra				Date o	f Re	eceipt				
Mailing Address 3105 Forest Court				M M	/	09		2011		Y
City	State TX	Zip Code		Transaction ID : SA11AI.16520 Amount of Each Receipt this Period 100.00 contribution						
		78572	-							
FEC ID number of contributing federal political committee.	C								00	
Name of Employer selfemployed	Occupation physician			untribu	uon					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	1							
Full Name (Last, First, Middle Initial) C. Marcy Guerra				Date o	of Re	eceipt				
Mailing Address 13337 Borolo Drive				м м 07	/	D 15		2011	Y 1	Y
City edinburg	State TX	Zip Code 78541					: SA11AI Receipt th			
FEC ID number of contributing federal political committee.	С			250.00					00	
Name of Employer	Occupation			ontribu		I				
selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1750.00								
SUBTOTAL of Receipts This Page (optional	al)							4	150.0	00

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

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

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS			Detailed Summary Page		< 11a 13		1 ⁻	1b 4	11c	12		17
	mation copied from such Reports an nmercial purposes, other than using				for th		ourpo	se of	f soliciting	g contrib	butio	ons
	OF COMMITTEE (In Full) RDER HEALTH FEDERA	L PAC										
A. Marc	ame (Last, First, Middle Initial) c y Guerra g Address 13337 Borolo Drive				Date	М	Rece	eipt 18		2011		Ŷ
City		State	Zip Code						SA11AI.			
edinb	urg	TX	78541	_	Amou	Int	of Ea	ach F	Receipt th	nis Perio	bc	
	D number of contributing I political committee.	С					7		7	2	50.0)0
Name	of Employer	Occupation	1	- (contrib	outio	on					
selfern	ployed	physician										
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]								
	ame (Last, First, Middle Initial) C y Guerra	·			Date	of	Rece	eipt				
Mailing	g Address 13337 Borolo Drive				M 09		/	D 1		2011		Y
City		State	Zip Code		Tra	nsa	ctior	ו ID :	SA11AI.	15850		
edinbu	urg	ТХ	78541		Amou	Int	of Ea	ach F	Receipt th	nis Perio	bc	
	D number of contributing I political committee.	С			[y			2	50.0	00
Name	of Employer	Occupation	l	c	contrib	utic	on					
selfem	ployed	physician										
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00									
	ame (Last, First, Middle Initial) cy Guerra				Date	of	Rece	eipt				
Mailing	g Address 13337 Borolo Drive				M 10		/	D 14		2011		Y
City		State	Zip Code		Tra	nsa	nctio	n ID :	: SA11AI	16068		
edinb	urg	ТХ	78541		Amou	Int	of Ea	ach F	Receipt th	nis Perio	bc	
	D number of contributing I political committee.	С			250.00					00		
Name	of Employer	Occupation	1	- '	contril	JUTIC	un					
	ployed	physician										
	ot For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 2500.00]								
SUBTO	TAL of Receipts This Page (optional))					3		- 7	75	50.0	0

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

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

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

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ITEIMIZED RECEIPTS		Detailed Summary Page		11a		H	11c	12	<u> </u>
Any information copied from such R or for commercial purposes, other th	eports and Statements m an using the name and a	l ay not be sold or used by any p address of any political committe	person fo	13 or the cit cor	urpos purpos	e of	15 soliciting from such	g contribu h commi	17 utions ttee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FE	DERAL PAC								
Full Name (Last, First, Middle Ini A. Marcy Guerra	ial)		Di	ate of	Recei	ot			
Mailing Address 13337 Borolo Dr	ve			M M	_	10) / Y	2011	Y
City	State	Zip Code			action		SA11AI.		
edinburg	ТХ	78541					Receipt th		d
FEC ID number of contributing federal political committee.	C				7				0.00
Name of Employer	Occupation	1	COI	ntribut	tion				
selfemployed	physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			- L -						
Other (specify) ▼		2750.00							
Full Name (Last, First, Middle Ini B. Marcy Guerra	ial)			ate of	Recei	nt			
Mailing Address 13337 Borolo Dr	ve			M M	_	09	/ Y	2011	Y
City	State	Zip Code		Trans	action		SA11AL		
edinburg	ТХ	78541					Receipt th		b
FEC ID number of contributing federal political committee.	C			1				25	0.00
Name of Employer	Occupation	1	cor	ntributi	ion				
selfemployed	physician								
Receipt For:		Year-to-Date ▼							
Primary General	7.99.094.0		- L -						
Other (specify) ▼		3000.00							
Full Name (Last, First, Middle Ini C. Rodolfo Guerrero	ial)		Di	ate of	Recei	pt			
Mailing Address 1402 E. 8th Stre	et			м м 07	/ [15		2011	Y
City	State	Zip Code			action		SA11AI.		
weslaco	TX	78596					Receipt th		d
FEC ID number of contributing federal political committee.	C								0.00
Name of Employer	Occupation	1	co	ntribut	tion				
selfemployed	physician								
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate								
Other (specify)		1637.85							
SUBTOTAL of Receipts This Page	(optional)						- 7	750	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each catego Detailed Summa	
		used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		
Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 1887.85 Date of Receipt Date of Receip
Full Name (Last, First, Middle Initial) B. Rodolfo Guerrero Mailing Address 1402 E. 8th Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78596 C Occupation physician Aggregate Year-to-Date ▼	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	l)	

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

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

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

FOR LINE NUMBER:

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		Detailed Summary Page		< 11a 13		11b 14	11c	12	г	17
Any information copied from such Reports and or for commercial purposes, other than using the				for the		pose o			butic	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street				Date o		eceipt	D / Y	YY		
City	State	Zip Code		11 Trans	sact	10		2011		
weslaco	ТХ	78596		Amoun	t of	Each	Receipt th	nis Perio	od	
FEC ID number of contributing federal political committee.	С					7			78.6	0
Name of Employer	Occupation			contribu	ition					
selfemployed	physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2516.31								
Full Name (Last, First, Middle Initial) B. Rodolfo Guerrero	-			Date o	f Re	eceipt				
Mailing Address 1402 E. 8th Street	-			M M	/	09		2011		
City	State	Zip Code					: SA11AI.			
weslaco	ТХ	78596		Amoun	t of	Each I	Receipt th	nis Perio	bc	
FEC ID number of contributing federal political committee.	С					7		19	91.3	6
Name of Employer	Occupation		- 0	contribu	tion					
selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2707.67								
Full Name (Last, First, Middle Initial) C. Ms Aida Guizar	-			Date o	f Re	eceipt				
Mailing Address 1706 E. 4 Mile Line				09	/	09		2011		
City Mission	State TX	Zip Code 78573					: SA11AI Receipt th		od	_
FEC ID number of contributing federal political committee.	С			contribu	ution	7	7		25.0	0
Name of Employer	Occupation	1		continot						
selfemployed	private inve	stor								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
SUBTOTAL of Receipts This Page (optional)			<u> </u>			, . ,	7	39	94.9	6

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

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

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

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TEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson t to so	for the licit cor	purp ntribu	ose o utions	f soliciting from suc	g con h cor	ıtributi nmitte	ons e.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
Full Name (Last, First, Middle Initial) A. Ms Aida Guizar				Date of	Rec	ceipt				
Mailing Address 1706 E. 4 Mile Line				м м 10	/	D 14		ү 20	Y)11	Y
City	State	Zip Code		Trans	actio	on ID :	SA11AI	.1607	0	
Mission	ТХ	78573	_ /	Amount	t of E	Each F	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					,	5		25.0	00
Name of Employer	Occupation		c	ontribut	tion					
selfemployed	private inve	stor								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	00 0									
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) B. Ms Aida Guizar				Date of	Red	ceipt				
Mailing Address 1706 E. 4 Mile Line				M M	/	10		20 ²	11	Y
City	State	Zip Code		Trans	actio	on ID :	SA11AI.	1628	9	
Mission	ТΧ	78573		Amount	t of E	Each F	Receipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					,	5		25.0	00
Name of Employer	Occupation		— co	ontribut	ion					
selfemployed	private inve	stor								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	00 0									
Other (specify) v		275.00								
Full Name (Last, First, Middle Initial) C. Ms Aida Guizar				Date of	Red	ceipt				
Mailing Address 1706 E. 4 Mile Line				^M M 12	/	D 09		20 [°]		Y
City	State	Zip Code		Trans	acti	on ID	: SA11AI	.1652	23	
Mission	TX	78573	_ '	Amount	t of E	Each F	Receipt th	nis Pe	əriod	
FEC ID number of contributing federal political committee.	С					,			25.	00
Name of Employer	Occupation		C	ontribu	tion					
selfemployed	private inve	stor								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General										
Other (specify)		300.00								
SUBTOTAL of Receipts This Page (optional)		•				7	7		75.0)0

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER:

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by an ne name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City	State Zip Code	Date of Receipt
edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID : SA11AI.15633 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of t Detailed Summary Pa	
		y any person for the purpose of soliciting contributions form such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERA	L PAC	
A. Alberto Gutierrez Mailing Address 6020 Wisconsin	State Zip Code	Date of Receipt
edinburg FEC ID number of contributing	TX 78539	Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500	contribution
B. Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.16290 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750	0.00
Full Name (Last, First, Middle Initial) C. Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg	State Zip Code TX 78539	12 09 2011 Transaction ID : SA11AI.16524 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 3000	0.00
SUBTOTAL of Receipts This Page (optiona)	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
✓ Full Name (Last, First, Middle Initial) A. Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78541 Year-to-Date ▼ 2800.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Marco Gutierrez Mailing Address 511 N. Depot Road		7 7 7	Date of Receipt
City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78541 Year-to-Date ▼	08 18 2011 Transaction ID : SA11AI.15634 Amount of Each Receipt this Period 400.00 contribution
C. Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	3200.00 Zip Code 78541 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))		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>
	y information copied from such Reports and for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Α.	Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road				Date o		eceipt		2011	Y
	City edinburg	State TX	Zip Code 78541		Tran		tion ID	• : SA11AI Receipt th	.16072	d
	FEC ID number of contributing federal political committee.	C					7			0.00
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼	C	ontribu	Jtion	I			
— B.	Uther (specify) ▼ Full Name (Last, First, Middle Initial) Marco Gutierrez		4000.00	1	Date o	of Be	eceint			
υ.	Mailing Address 511 N. Depot Road				11		10 D		2011	Y
	City	State	Zip Code					: SA11AI.		
	edinburg FEC ID number of contributing federal political committee.	С	78541		Amoun	nt of	Each	Receipt th		d 0.00
	Name of Employer selfemployed	Occupation physician		C	ontribu	tion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00]						
с.	Full Name (Last, First, Middle Initial) Marco Gutierrez				Date o	of Re	eceipt			
	Mailing Address 511 N. Depot Road				12		09	9	2011	Y
	City edinburg	State TX	Zip Code 78541					: SA11AI Receipt th		d
	FEC ID number of contributing federal political committee.	С					,			0.00
	Name of Employer selfemployed	Occupation physician	1	C	contribu	utior	1			
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 4800.00]						
s	UBTOTAL of Receipts This Page (optional)			•			7		1200	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		-	11b	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER								
A. Higuel Gutierrez Mailing Address 224 Lindberg	State	Zip Code		м = м 07			2011 . 15420	Y
mcallen FEC ID number of contributing federal political committee.	С	78501				Receipt th		1 D.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1750.00		ontribu	tion			
B. Hull Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg				Date o M M 08		D / Y	2011	Y
City mcallen FEC ID number of contributing	State TX	Zip Code 78501		Trans	action ID	18) : SA11AI Receipt tl	his Period	1
federal political committee. Name of Employer selfemployed	Occupation physician		cc	ontribut	tion			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]					
Full Name (Last, First, Middle Initial) C. Miguel Gutierrez				Date o	f Receipt			
Mailing Address 224 Lindberg City mcallen	State TX	Zip Code 78501			(saction II	D9 / Y D9 : SA11AI Receipt tl		
FEC ID number of contributing federal political committee.	С			ontribu		,		0.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 2250.00		Untribu				
SUBTOTAL of Receipts This Page (option	 onal)	······]				7	750	.00

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

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

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	F	
Any information copied from such Reports a or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Miguel Gutierrez				Date o	f Re	ceipt				
Mailing Address 224 Lindberg				м м 10	/	D 14		2011	Y]
City	State	Zip Code		Trans	sacti	on ID	: SA11AI.	.16073		
mcallen	ТХ	78501	_	Amoun	t of	Each I	Receipt th	nis Perio	d	
FEC ID number of contributing federal political committee.	С					7		25	50.00)
Name of Employer	Occupation	 	- (contribu	tion					
selfemployed	physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	, iggi oguto		11.							
Other (specify)		2500.00								
Full Name (Last, First, Middle Initial) B. Miguel Gutierrez				Data a	f Do	aaint				
			_	Date o		ceipi				
Mailing Address 224 Lindberg				11	1	10) / Y	2011	Y	
City	State	Zip Code		Trans	actio	on ID :	: SA11AI.			
mcallen	ТХ	78501		Amoun	t of	Each	Receipt th	nis Perio	d	
FEC ID number of contributing federal political committee.	С					,		25	0.00	
Name of Employer	Occupation	I	—	ontribut	tion					
selfemployed	physician									
Receipt For:		Year-to-Date ▼								
Primary General			11.							
Other (specify)		2750.00								
Full Name (Last, First, Middle Initial) C. Miguel Gutierrez	·			Date o	f Re	ceipt				
Mailing Address 224 Lindberg				м м 12	/	D 09		2011	Y	1
City	State	Zip Code		Trans	sacti	on ID	: SA11AI	.16526		-
mcallen	ТХ	78501		Amoun	t of	Each I	Receipt th	nis Perio	d	
FEC ID number of contributing	С			<u> </u>				25	50.00)
federal political committee.				contribu	ition	9				
Name of Employer	Occupation									
selfemployed	physician									
	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		3000.00								
		7								
SUBTOTAL of Receipts This Page (option	al)							75	0.00	Π
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	1	11b	11c	12	
Any information copied from such Repo or for commercial purposes, other than								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE								
A. Anna Lisa Guzman Mailing Address P.O. Box 720235				Date of			2011	Ŷ
City	State TX	Zip Code 78504				D : SA11AI		
McAllen FEC ID number of contributing federal political committee.	C	76304			7	n Receipt ti		1 D.00
Name of Employer	Occupation		cc	ontribu	tion			
selfemployed	physician a	ssistant						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]					
Full Name (Last, First, Middle Initial) B. Anna Lisa Guzman				Date of	f Receipt	t		
Mailing Address P.O. Box 720235				м м 08		D / Y 18	2011	Y
City	State	Zip Code		Trans	action II	D : SA11AI	.15636	
McAllen	ТХ	78504	A	mount	t of Each	n Receipt tl	his Perioc	1
FEC ID number of contributing federal political committee.	C				- 7		50	0.00
Name of Employer	Occupation		co	ntribut	ion			
selfemployed	physician a	ssistant						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]					
Full Name (Last, First, Middle Initial) C. Anna Lisa Guzman				Date of	f Receipt	t		
Mailing Address P.O. Box 720235				м м 09		09	2011	Y
City McAllen	State TX	Zip Code 78504				D : SA11AI		
FEC ID number of contributing federal political committee.	C					n Receipt tl		0.00
Name of Employer	Occupation		co	ontribu	tion			
selfemployed	physician a	ssistant						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00]					
SUBTOTAL of Receipts This Page (op	tional)				· · ·		150	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	AECEIP I S		for each category of the Detailed Summary Page		< 11a 13		11b	11c	12	17
			ay not be sold or used by any p ddress of any political committe		for the		pose o	of soliciting	g contrib	utions
NAME OF CO		-								
A. Anna Lisa	ast, First, Middle Initial) Guzman ss P.O. Box 720235				Date c		D		YY	Y
City McAllen		State TX	Zip Code 78504					: SA11AI		
	per of contributing al committee.	C					7	Receipt th		0.00
Name of Emp selfemployed	bloyer	Occupation physician a		C	contribu	ution				
Receipt For: Primary Other (s	General General General	Aggregate	Year-to-Date ▼ 500.00							
Full Name (La B. Anna Lisa	ast, First, Middle Initial) Guzman	·			Date c	of Re	eceipt			
Mailing Addre	ss P.O. Box 720235				M N	/	D 1(у у 2011	Y
City		State	Zip Code		Trans	sact	ion ID	: SA11AI.	16293	
McAllen		ТХ	78504		Amour	nt of	Each	Receipt th	nis Perio	b
FEC ID numb federal politic	per of contributing al committee.	С					7		50	0.00
Name of Emp	bloyer	Occupation		c	ontribu	ition				
selfemployed		physician as	ssistant							
Receipt For: Primary Other (s	General General General	Aggregate	Year-to-Date ▼ 550.00	1						
Full Name (La C. Anna Lisa	ast, First, Middle Initial) a Guzman				Date c	of Re	eceipt			
Mailing Addre	ss P.O. Box 720235				^M 12	/	D 09		y y 2011	Y
City McAllen		State TX	Zip Code 78504					: SA11AI Receipt th		d
FEC ID numb federal politic	per of contributing al committee.	С					7		5	0.00
Name of Emp	bloyer	Occupation			contribu	ution				
selfemployed		physician a	ssistant							
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 600.00]						
SUBTOTAL of	Receipts This Page (option	nal)	······ 1				3		150	0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		Detailed Summary Page	X 11a	11b 14	11c		12 16	17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p ddress of any political committe	erson for the purp	ose of	f solicitin	ng cor ch co	ntributi	ions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC							
Full Name (Last, First, Middle Initial) A. Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f			Date of Red	ceipt			011	Y
City	State	Zip Code	Transacti					
FEC ID number of contributing federal political committee.	С	78573	Amount of	Each F	Receipt t	this P	eriod 50.	00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 350.00	contribution					
B. Full Name (Last, First, Middle Initial) Mailing Address 2308 Highway 83 suite f			Date of Re			V	V	V
			08	18		20)11	Y
City Penitas	State TX	Zip Code 78573	Transaction Amount of					
FEC ID number of contributing federal political committee.	С						50.0	00
Name of Employer self-employee	Occupation physician							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1					
Full Name (Last, First, Middle Initial) C. Dr. Edwardo Guzman			Date of Re	ceipt				
Mailing Address 2308 Highway 83 suite f			M M /	09) <u>1</u> 1	Y
City Penitas	State TX	Zip Code 78573	Transacti Amount of					
FEC ID number of contributing federal political committee.	С			7		_	50.	00
Name of Employer	Occupation	1	contribution					
self-employee	physician							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	1					
SUBTOTAL of Receipts This Page (optional).						_	150.0	00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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TEMIZED RECEIPTS	each category of the tailed Summary Page		-		11b	11c		12	— .	_
Any information copied from such Reports and S							g con		ons	17
NAME OF COMMITTEE (In Full)									<u>e.</u>	
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f City Penitas FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	ip Code /8573 o-Date ▼ 500.00			/ sacti t of	14 on ID :			011 7 5	Y 00]
Full Name (Last, First, Middle Initial) B. Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f City Penitas FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	ip Code 8573 o-Date ▼ 550.00			action	10 0n ID :		201 1629	4	Y 00]
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f City Penitas FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	ip Code 8573 o-Date ▼ 600.00			sacti	09		20 ⁻ .1652	28	_]
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 OF 435 (check only one) 11a 11a 11b 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Α.	Full Name (Last, First, Middle Initial) Victor Haddad			Date of Receipt
	Mailing Address 4008 Burns Drive South			07 15 2011
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15423 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer selfemployed	Occupation physician	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]
В.	Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South			Date of Receipt
	City mcallen	State TX	Zip Code 78503	08 18 2011 Transaction ID : SA11AI.15638 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer selfemployed	Occupation physician	1	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]
C.	Full Name (Last, First, Middle Initial) Victor Haddad			Date of Receipt
	Mailing Address 4008 Burns Drive South	01.14	7. 0. 1.	M = M / D = D / Y = Y = Y Y 09 09 2011
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15858 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation	1	contribution
	selfemploved	physician		

SUBTOTAL of Receipts This Page (optional)			7		7	12	00.00	נ	
TOTAL This Period (last page this line number only)			,		,]

3600.00

Aggregate Year-to-Date **V**

Receipt For:

Primary

Other (specify)

General

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation Occupation Aggregate Year-to-Date ▼ 4000.00 4000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C C Occupation Occupation physician Aggregate Year-to-Date ▼ 4400.00 4400.00	Date of Receipt Transaction ID : SA11AI.16295 Amount of Each Receipt this Period Contribution
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation Occupation Aggregate Year-to-Date ▼ 4800.00 4800.00	Date of Receipt Date of Receipt 2011 Transaction ID : SA11AI.16529 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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	Detailed Summary Pa	
Any information copied from such Reports a or for commercial purposes, other than using	I nd Statements may not be sold or used b I the name and address of any political co	y any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 524	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15424 Amount of Each Receipt this Period 75.00 contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 701 South J	State Zip Code	Date of Receipt
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 78501 C Occupation physician Aggregate Year-to-Date ▼	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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 67:	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15859 Amount of Each Receipt this Period 75.00 contribution
SUBTOTAL of Receipts This Page (optiona)	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12		1 7	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-										
Α.	Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J				Date c		eceipt		Y	V	λ.	
					10	<i>a</i> .	14		2011		Y	
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.16077			
	McAllen	TX	78501		Amour	nt of	f Each I	Receipt tl	nis Peri	od		
	FEC ID number of contributing federal political committee.	C					3			75.0	00	
	Name of Employer	Occupation	1	C	ontribu	utior	1					
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		750.00	11								
	Other (specify)		1 1 1									
в.	Full Name (Last, First, Middle Initial) Thomas Hausle	·			Date c	of R	eceipt					
Ō	Mailing Address 701 South J		11 10 2011 -									
	City	State	Zip Code		Trans	sact	tion ID :	SA11AL	16296			
	McAllen	ТХ	78501		Amour	nt of	f Each I	Receipt tl	nis Peri	od		
	FEC ID number of contributing federal political committee.	C			75.00							
	Name of Employer	Occupation	l	c	ontribu	ition						
	selfemployed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00									
<u></u> с.	Full Name (Last, First, Middle Initial) Thomas Hausle				Date c	of R	eceipt					
	Mailing Address 701 South J			M 12	Л	/ 09		2011		Y		
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.16530			
	McAllen	ТХ	78501		Amour	nt of	f Each I	Receipt tl	nis Peri	od		
	FEC ID number of contributing federal political committee.	С					7			75.	00	
	Name of Employer	Occupation	l	(contribu	utior	า					
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		000.00	11								
	Other (specify)		900.00									
s	UBTOTAL of Receipts This Page (optiona	al)		►		l	7		22	25.0	00	

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FEC Schedule A (Form 3X) Rev. 02/2003
SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pe ing the name and address of any political committee	erson for the purpose of soliciting contributions
A. Robert Helbing Mailing Address 820 Tamarack		Date of Receipt
City mcallen	State Zip Code TX 78501	07 15 2011 Transaction ID : SA11AI.15425 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	1
Full Name (Last, First, Middle Initial) B. Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15640
mcallen FEC ID number of contributing	TX 78501	Amount of Each Receipt this Period
federal political committee.		
Name of Employer	Occupation	contribution
self-employed	private investor	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) C. Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		M = M / D = D / Y = Y = Y = Y Y Q
City mcallen	StateZip CodeTX78501	Transaction ID : SA11AI.15860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (option	nal)	300.00

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

SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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Any information copied from such Reports and s or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation Occupation	Date of Receipt
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78501 C Occupation private investor Aggregate Year-to-Date ▼ 1200.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 300.00

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-			11c	12	17
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JAME OF COMMITTEE (In Full)									
Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street	State	Zip Code		м м	/	D 09	,	2011	Ŷ
Edinburg EC ID number of contributing ederal political committee.	С	78539		Amount	t of E		-	nis Period	1 5.00
Name of Employer Neelf-employed Receipt For: Primary General Other (specify)	private inve	stor	cr	ontribu	tion				
Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street	State	Zip Code		м м 10	/	D 14		2011	Y
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Ull Name (Last, First, Middle Initial)		250.00		Date of	f Bece	Pint			
Aailing Address 3414 Pricess Street	State TX	Zip Code 78539		M M 11 Trans	/ sactio	10 n ID) : SA11AI	2011 . 16298	
EC ID number of contributing ederal political committee.	private inve	stor							5.00
	information copied from such Reports ar or commercial purposes, other than using IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA Full Name (Last, First, Middle Initial) Mr. Blake Hensler Aailing Address 3414 Pricess Street City Edinburg FEC ID number of contributing ederal political committee. Iame of Employer elf-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street City Edinburg FEC ID number of contributing ederal political committee. Iame of Employer elf-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street City Edinburg FEC ID number of contributing ederal political committee. 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State eff-omployed eff-omployed other (specify) General Other (specify) Clinburg TX 78539 Clinburg Clinburg	Detailed Summary Page Integration information copied from such Reports and Statements may not be sold or used by any person for the roommercial purposes, other than using the name and address of any political committee to solid to s	Detailed Summary Page X 11a 1 13 1 1 1 1 1 1 1 1 1	Detailed Summary Page Image: The solid or used by any person for the purpose, or commercial purposes, other than using the name and address of any political committee to solidi contributions IAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC SORDER HEALTH FEDERAL PAC Date of Receipt 'uil Name (Last, First, Middle Initial) Date of Receipt Mr. Blake Hensler Date of Receipt address 3414 Pricess Street Occupation 'ity State Zip Code Transaction ID TX 78539 'EC ID number of contributing dearal political committee. Occupation elemenologyed private investor contribution elemenologyed Private investor contribution elemenologyed Private investor contribution elemenologyed TX 78539 Date of Receipt 'uil Name (Last, First, Middle Initial) TX 78539 Date of Receipt 'uil Name (Last, First, Middle Initial) TX 78539 Date of Receipt 'uil Name (Last, First, Middle Initial) TX 78539 Contribution 'uil Name (Last, First, Middle Initial) Mr. Blake Hensler Date of Receipt Contribution </td <td>Detailed Suminary Page X 11a 11b 11c information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting roommercial purposes, other than using the name and address of any political committee to solicit contributions from suc IAME OF COMMITTEE (in Full) Date of Receipt SORDER HEALTH FEDERAL PAC Date of Receipt Date of Receipt Wir. 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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 300.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16532 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 225.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ms Monica Hensler Mailing Address 3414 Princess Street City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16080 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional)		

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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TIEMIZED RECEIPTS	Detailed Summary Pag	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) A. Ms Monica Hensler Mailing Address 3414 Princess Street City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 275.	Date of Receipt Date of Receipt 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		Date of Receipt 12 09 2011
City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 300.	Transaction ID : SA11AI.16533 Amount of Each Receipt this Period 25.00 contribution 00
Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1750.	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15428 Amount of Each Receipt this Period 250.00 contribution .00
SUBTOTAL of Receipts This Page (option	al)	

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

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17
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A. Ar	Name (Last, First, Middle Initial) nbrosio Hernandez ling Address 2000 Dana				Date o		D		Y Y	Y
City Pha		State TX	Zip Code 78577				-	3 : SA11AI Receipt th		
fede	C ID number of contributing eral political committee.	С			contribu	ution	7		25	0.00
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B. Ar	Name (Last, First, Middle Initial) nbrosio Hernandez				Date c	of Re	eceipt			
Mai City	ling Address 2000 Dana	State	Zip Code		09 Trans	sact	09 ion ID		2011 15863	Y
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selfe	ne of Employer employed	Occupation physician	1	c	ontribu	ition				
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	1						
	Name (Last, First, Middle Initial) mbrosio Hernandez				Date c	of Re	eceipt			
	ling Address 2000 Dana	01-11-	7. 0.4		м п 10	/	D 14	1	2011	Y
City Pha		State TX	Zip Code 78577					: SA11AI Receipt th		k
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self	ne of Employer employed eeipt For:	Occupation physician								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	1						
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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12		17			
	y information copied from such Reports and for commercial purposes, other than using the				13 14 15 16 for the purpose of soliciting contribution					utions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Α.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana						· ·	D / Y		Y
	City Pharr	State TX	Zip Code 78577		Tran		on ID	: SA11AI	.16300	4
	FEC ID number of contributing federal political committee.	С			Amour		,			
	Name of Employer selfemployed	Occupation physician	1	c	ontribu	ution				
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в.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez				Date c	of Re	ceipt			
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	Pharr FEC ID number of contributing federal political committee.	С	78577		Amour	nt of	Each	Receipt th		_
	Name of Employer selfemployed	Occupation physician		C	ontribu	ition				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Maximiliano Hernandez				Date c	of Re	ceipt			
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City	State	Zip Code		07 Tran	sacti	15 ion ID		2011 . 15429	Y
	FEC ID number of contributing federal political committee.	С	78503	_	Amour	nt of	Each	Receipt th		1 0.00
	Name of Employer	Occupation		c	ontribu	ution	,	,		
	selfemployed	physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	•			,		750	0.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	Page X 11a 11b 11			11c	12	17	
Any information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 2000.00			sacti	18 18	SA11AI. Receipt th	nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 2250.00			/ sacti t of	09	SA11AI. Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 2500.00			/ sact t of	14	SA11AI. Seceipt th	nis Perioo	y d 0.00
SUBTOTAL of Receipts This Page (optional	l)					7		75(0.00

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)

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	EMIZED RECEIPTS		for each category of the		(11a					
			Detailed Summary Page	Ιŀ	-		1b	11c	12	17
Any or f	v information copied from such Reports and for commercial purposes, other than using the second s	Statements ma	l ay not be sold or used by any pe ddress of any political committee	erson	13 for the plicit cor	purpo	4 se of s ions fro	15 oliciting	contribu	17 tions ee.
<u> </u>	NAME OF COMMITTEE (In Full)		darees of any pointear committee						00111111	
	BORDER HEALTH FEDERAL	PAC								
A.	Full Name (Last, First, Middle Initial) Maximiliano Hernandez				Date of	Rece	eipt			
-	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin				M M	'	D D D 10	/ Y	ү ү 2011	Y
	City mcallen	State TX	Zip Code 78503	_				A11AI.1	6301 s Period	
	FEC ID number of contributing federal political committee.	С						7	250	.00
	Name of Employer selfemployed	Occupation physician		c	contribut	ion				
Ī	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		2750.00							
	Full Name (Last, First, Middle Initial) Maximiliano Hernandez	1			Date of	Rece	eipt			
-	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin				M M 12	1	09	/ Y	у у 2011	Y
	City	State	Zip Code					A11AI.1		
-	mcallen	ТХ	78503	_	Amount	of Ea	ach Ree	ceipt thi	s Period	
	FEC ID number of contributing federal political committee.	С				. ,		7	250	.00
	Name of Employer selfemployed	Occupation physician		c	ontribut	ion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00							
	Full Name (Last, First, Middle Initial) Maria Hoffman				Date of	Rece	eipt			
-	Mailing Address 802 Inspiration Road				м м 07	1	D D 15	/ Y	у у 2011	Y
	City pharr	State TX	Zip Code 78577	-				A11AI.1	I 5412 s Period	
	FEC ID number of contributing federal political committee.	С				. OI E		500 pt 111	250	.00
1	Name of Employer	Occupation	1	- (contribu	tion				
	selfemployed	physician								
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	Other (specify)		1750.00							
รเ	JBTOTAL of Receipts This Page (optional)		••••••	•		. ,		,	750	.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page			12	17			
Any information copied from such Reports or for commercial purposes, other than us				for the	purpo	se of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	-								
Full Name (Last, First, Middle Initial) A. Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	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 Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼							2011 15645 nis Perioc 256	_
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78577 Year-to-Date ▼ 2250.00		09 Trans	t of Ea	09 09		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) C. Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78577 Year-to-Date ▼ 2500.00		10 Trans	t of Ea	14 n ID :		nis Perioo	_
SUBTOTAL of Receipts This Page (optio	nal)							750	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 \\ \hline \end{array}$		12	17		
Any information copied from such Reports and or for commercial purposes, other than using				for the	purpos	se o		g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
A. Hailing Address 802 Inspiration Road				Date o	f Rece	eipt	D / Y	YY	Ŷ
City pharr	State TX	Zip Code 78577) : SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	С				. ,				0.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 2750.00	c	ontribu	tion				
Full Name (Last, First, Middle Initial) B. Maria Hoffman Mailing Address 802 Inspiration Road				Date o	f Rece	eipt	D / Y	Y Y	Y
City	State TX	Zip Code					SA11AL		
pharr FEC ID number of contributing federal political committee.	C	78577		Amoun	t of Ea	ach F	Receipt th).00
Name of Employer selfemployed	Occupation physician		C0	ontribu	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]						
Full Name (Last, First, Middle Initial) C. Dr. Jacobo Hohenstein				Date o	f Rece	eipt			
Mailing Address 800 East Dove suite L				м м 07	JL	D 15	5	2011	Y
City McAllen	State TX	Zip Code 78504	,				: SA11AI. Receipt th		1
FEC ID number of contributing federal political committee.	С			ontribu	tion,		7	200	0.00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1349.58		onindu	luon				
SUBTOTAL of Receipts This Page (optional)								700	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and a or for commercial purposes, other than using th		person for the purpose of soliciting contributions
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 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1549.58	Date of Receipt 08 2011 Transaction ID : SA11AI.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		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15866 Amount of Each Receipt this Period 200.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Dr. Jacobo Hohenstein Mailing Address 800 East Dove suite L City	State Zip Code	Date of Receipt
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1949.58 1949.58	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)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page			12	17	
Any information copied from such or for commercial purposes, other			person for the	purpose o	of soliciting	contribut	tions
NAME OF COMMITTEE (In Ful BORDER HEALTH FI							
Full Name (Last, First, Middle II A. Dr. Jacobo Hohenstein Mailing Address 800 East Dove City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	suite L State TX C Occupation physician	Zip Code 78504 Year-to-Date ▼ 2149.58	11 Trans	of Each			
B. Dr. Jacobo Hohenstein Mailing Address 800 East Dove		Zip Code	12	Receipt		2011	Y
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	TX C Occupation physician Aggregate	78504		of Each	Receipt thi		.00
City General City FEC ID number of contributing Primary General General General General General Middle II General Control Control General Middle II General City FEC ID number of contributing	nthia State TX	2349.58 Zip Code 78504	07 Trans			is Period	
FEC ID Humber of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 350.00	contribut	ion			0.00
SUBTOTAL of Receipts This Pag	e (optional)					450.	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		1b 4	11c	12	17	
	Any information copied from such Reports and Statements or for commercial purposes, other than using the name and				or the	purpo	se o	of soliciting	g contribu	itions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
A .	Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia				Date of	f Rece	eipt D		2011	Y
	City	State TX	Zip Code 78504					: SA11AI.		
	McAllen FEC ID number of contributing federal political committee.	C	76304			, ,	ich f	Receipt th		I D.00
	Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 400.00	co	ontribu	tion				
в.	Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia				M M	f Rece	D		YY	Ŷ
	City	State	Zip Code	_	09 Trans	action	09 • חו נ) : SA11AI.	2011 15867	
	McAllen	ТХ	78504	/				Receipt th		1
	FEC ID number of contributing federal political committee.	С					- 7	50	0.00	
	Name of Employer self-employee	Occupation physician		cc	ontribut	lion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia				Date of	f Rece	eipt			
	Mailing Address 5600 North Cynthia				м м 10	1	D 14		2011	Y
	City McAllen	State TX	Zip Code 78504					: SA11AI . Receipt th		1
	FEC ID number of contributing federal political committee.	С					_		50	0.00
	Name of Employer	Occupation	 	C(ontribu	tion				
	self-employee	physician								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]						
s	UBTOTAL of Receipts This Page (optional)								150	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City	State	Zip Code	Date of Receipt
McAllen	TX	78504	Transaction ID : SA11AI.16304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]
Full Name (Last, First, Middle Initial) B. Dr. Dynio Honrubia			Date of Receipt
Mailing Address 5600 North Cynthia	State	Zip Code	12 09 2011
McAllen	TX	78504	Transaction ID : SA11AI.16539 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer self-employee	Occupation physician		contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) C. Vincent Honrubia	I		Date of Receipt
Mailing Address 204 Rio Grande			07 15 2011
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.15432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		contribution
selfemployed	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1750.00]
SUBTOTAL of Receipts This Page (optiona)		350.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the second			
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) A. Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2000.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.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 mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			750.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2750.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 204 Rio Grande	State	Zip Code	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16540
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary General Other (specify) ▼	TX C Occupation physician Aggregate	78572 Year-to-Date ▼ 3000.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 700.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	al)		600.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
✓ Full Name (Last, First, Middle Initial) A. Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation physician Aggregate Year-to-Date ▼ 800.0	Date of Receipt Date of Receipt 08 18 2011 Transaction ID : SA11AI.15649 Amount of Each Receipt this Period 100.00 contribution 00
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt Do y y y y y y Do y 2011 Transaction ID : SA11AI.15869 Amount of Each Receipt this Period 100.00 contribution 00
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16087 Amount of Each Receipt this Period 100.00 contribution 00
SUBTOTAL of Receipts This Page (optional)		300.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504	Date of Receipt
self-employee Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) B. Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer Additional committee	State TX C	Zip Code 78504	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16541 Amount of Each Receipt this Period 100.00 contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 1200.00]
C. Dr. Norma Iglesias Mailing Address 712 S. Cage City Pharr	State TX	Zip Code 78577	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2800.00	400.00 contribution
SUBTOTAL of Receipts This Page (optional).			600.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 13 14 15	12 16	17			
	ny information copied from such Reports and for commercial purposes, other than using			erson for the purpose of solicitin	g contributior	ns			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Α.	Mailing Address 712 S. Cage	State	Zip Code	Date of Receipt	2011]			
	City Pharr	TX	78577	Transaction ID : SA11AI Amount of Each Receipt th					
	FEC ID number of contributing federal political committee.	C		contribution	400.00	ט			
	Name of Employer	Occupation							
	self-employed Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00						
B.	Full Name (Last, First, Middle Initial) Dr. Norma Iglesias			Date of Receipt					
	Mailing Address 712 S. Cage	09 09 2011							
	City	State	Zip Code	Transaction ID : SA11AI					
	Pharr	TX	78577	Amount of Each Receipt the	nis Period				
	FEC ID number of contributing federal political committee.	С			400.00)			
	Name of Employer self-employed	Occupation physician		contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00						
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Norma Iglesias			Date of Receipt					
	Mailing Address 712 S. Cage			10 14	2011	1			
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI Amount of Each Receipt th	.16088	-			
	FEC ID number of contributing federal political committee.	С			400.00	0			
	Name of Employer	Occupation	I	contribution					
	self-employed	physician							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		4000.00						
5	UBTOTAL of Receipts This Page (optiona	l)			1200.00)			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
				erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	IE OF COMMITTEE (In Full) ORDER HEALTH FEDERA	L PAC								
A. Dr. Maili	Name (Last, First, Middle Initial) Norma Iglesias ng Address 712 S. Cage	Queste	Zin Oode	Date of Receipt						
City Pha	rr	State TX	Zip Code 78577	Transaction ID : SA11AI.16307 Amount of Each Receipt this Period						
	ID number of contributing ral political committee.	C		400.00						
self-	e of Employer employed eipt For:	Occupation physician	Year-to-Date ▼	<pre>contribution</pre>						
	Primary General Other (specify)		4400.00]						
B . <u>D</u> r.	Name (Last, First, Middle Initial) Norma Iglesias			Date of Receipt						
Maili	ng Address 712 S. Cage	12 09 _2011 _								
City		State	Zip Code	Transaction ID : SA11AI.16542						
Pha		ТХ	78577	Amount of Each Receipt this Period						
fede	ID number of contributing ral political committee.	С		400.00						
self-e	e of Employer employed	Occupation physician		contribution						
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00							
	Name (Last, First, Middle Initial) S Marina Jacobson			Date of Receipt						
Maili	ng Address 1505 Doherty			09 09 2011						
City Miss	sion	State TX	Zip Code 78572	Transaction ID : SA11AI.15871 Amount of Each Receipt this Period						
	ID number of contributing ral political committee.	С		25.00						
Nam	e of Employer	Occupation	1	contribution						
	employed	private inve	estor							
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]						
SUBT	OTAL of Receipts This Page (optional)		825.00						

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category Detailed Summary	
		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERA	IL PAC	
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78572 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt Date of Receip
B. Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt Date of Receipt 11 10 2011 Transaction ID : SA11AI.16308 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation private investor Aggregate Year-to-Date ▼	275.00 contribution
Full Name (Last, First, Middle Initial) Ms Marina Jacobson Mailing Address 1505 Doherty City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78572 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16543 Amount of Each Receipt this Period 25.00 contribution 300.00
SUBTOTAL of Receipts This Page (optiona	I)	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial) Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 225.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 275.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			75.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
✓ Full Name (Last, First, Middle Initial) A. Donna Joule Mailing Address 708 S H Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Nelson Kalaf Mailing Address 5401 N. 8th Street			Date of Receipt
City mcAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	10 14 2011 Transaction ID : SA11AI.16200 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 250.00	contributon
C. Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street			Date of Receipt
City mcAllen	State TX	Zip Code 78504	11 10 2011 Transaction ID : SA11AI.16310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		250.00
selfemployed Receipt For: Primary General Other (specify)	physician	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optiona	ຟ)		525.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	MIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12		
	information copied from such Reports and									buti	
N N	or commercial purposes, other than using AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		ddress of any political committe	e to so	olicit co	ontri	butions	from suc	h comm	itte	e.
A	ull Name (Last, First, Middle Initial) Nelson Kalaf lailing Address 5401 N. 8th Street				Date c		eceipt		2011		Ŷ
	ity ncAllen	State TX	Zip Code 78504		Tran		tion ID	, <u>: SA11AI.</u> Receipt th	.16545		
	EC ID number of contributing deral political committee.	С					7			50.0	00
S	ame of Employer elfemployed eceipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 750.00		contribu	iton	I				
в	ull Name (Last, First, Middle Initial) Gauri Kanhere Iailing Address 2548 Palm Circle				Date c		/ D		Y Y		Y
c	ity	State	Zip Code	_	07 Trans	sac	15 tion ID	5 : SA11AI.	2011 15437	_	
ri	o grande city	ТХ	78582		Amour	nt o	f Each	Receipt th	nis Perio	bc	
	EC ID number of contributing deral political committee.	С					7		2!	50.0	00
se	ame of Employer elfemployed	Occupation physician		c	ontribu	tion	1				
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1750.00]							
	ull Name (Last, First, Middle Initial) Gauri Kanhere				Date c	of R	eceipt				
_	lailing Address 2548 Palm Circle				08		/ D 18	3	2011	-	Y
	ity io grande city	State TX	Zip Code 78582					: SA11AI		bd	
	EC ID number of contributing ederal political committee.	С					7		2	50.0	00
N	ame of Employer	Occupation		(contribu	utio	n				
	elfemployed	physician									
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00								
SUI	BTOTAL of Receipts This Page (optional)			•			7	3	75	50.0	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78582 Year-to-Date ▼ 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78582 Year-to-Date ▼ 2500.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Gauri Kanhere Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78582 Year-to-Date ▼ 2750.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			750.00

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

SCHEDULE A	(FEC F	orm 3X)
ITEMIZED REC	EIPTS	

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

FOR LINE NUMBER:

(check only one)

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435

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11			11b	11c		12	<u> </u>
	ny information copied from such Reports and SI for commercial purposes, other than using the					the						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC										
Α.	Full Name (Last, First, Middle Initial) Gauri Kanhere				Date	e of	Re	eceipt				
	Mailing Address 2548 Palm Circle				M	_ 2	1	09	Ð / Y Ə		011	Y
	City	State	Zip Code		Tr	ans	acti	ion ID	: SA11AI	.165	46	
	rio grande city	ТХ	78582		Amo	ount	t of	Each	Receipt t	his F	[•] eriod	
	FEC ID number of contributing federal political committee.	С						7	7		250	.00
	Name of Employer	Occupation		-	conti	ibut	tion					
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11.								
	Other (specify)		3000.00									
B.	Full Name (Last, First, Middle Initial) Gholam Kiani				Date	e of	Re	eceipt				
	Mailing Address 213 e. Xenops				М	м)7	1	1	р / ү 5		011	Y
	City	State	Zip Code				acti		: SA11AI			
	mcallen	ТΧ	78504		Amo	ount	tof	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С						,	7	_	250.	00
	Name of Employer	Occupation		- (contr	ibut	ion					
	selfemployed	physician										
	Receipt For:		Year-to-Date ▼									
	Primary General	1.99.094.0		- L.								
	Other (specify)		1750.00									
c.	Full Name (Last, First, Middle Initial) Gholam Kiani				Date	e of	Re	ceipt				
	Mailing Address 213 e. Xenops					м)8	/	D 18			011	Y
	City	State	Zip Code		Tr	ans	act	ion ID	: SA11A	.156	54	_
	mcallen	ТХ	78504		Amo	ount	t of	Each	Receipt t	his F	^v eriod	
	FEC ID number of contributing federal political committee.	С						7			250	.00
	Name of Employer	Occupation		\neg	cont	שמו	uon					
	selfemployed	physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11.								
	Other (specify)	L	2000.00									
s	UBTOTAL of Receipts This Page (optional)			▶				7	- 7		750.	00
											-	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops	name and address of any political committ	Date of Receipt
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I Full Name (Last, First, Middle Initial) A. Gholam Kiani	PAC State Zip Code	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15874
A. Gholam Kiani		M M / D D / Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	2250.00]
Full Name (Last, First, Middle Initial) B. Gholam Kiani Mailing Address 213 e. Xenops City mcallen	State Zip Code TX 78504	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary	C Occupation physician Aggregate Year-to-Date ▼ 2500.00	250.00
Full Name (Last, First, Middle Initial) C. Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78504	Date of Receipt Transaction ID : SA11AI.16312 Amount of Each Receipt this Period Contribution
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 2750.00	750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			for the	purp	ose of	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3000.00		saction nt of I	09 on ID :		nis Perio	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1750.00		saction nt of I	15		nis Perio	
Full Name (Last, First, Middle Initial) C. Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2000.00		saction nt of I	18 0n ID :		nis Perio	
SUBTOTAL of Receipts This Page (option	al)				,		75	0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation Aggregate Year-to-Date ▼ 2250.00 7000	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16093 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation physician Aggregate Year-to-Date ▼ 2750.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		750.00

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

9 9 9

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC		
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16548 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	contribution
Full Name (Last, First, Middle Initial) B. Jorge Kutugata Mailing Address Rt 2 Box 522-K City	State	Zip Code	Date of Receipt
weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX C Occupation physician	78596	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 weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 2000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than using						f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 2250.00		saction nt of E	09 09		nis Perio	
Full Name (Last, First, Middle Initial) B. Jorge Kutugata Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 2500.00		sactic	14		nis Perio	d 0.00
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 2750.00		saction nt of E	10 0n ID :		nis Perio	
SUBTOTAL of Receipts This Page (option	al)				,		75(0.00

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

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

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

FOR LINE NUMBER:

(check only one)

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435

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	лС	
selfemployed F	State Zip Code TX 78596 C C Description C Description C Aggregate Year-to-Date ▼ 3000.00	Date of Receipt this Period Contribution D D D D D D D D D D D D D D D D D D D
selfemployed p	State Zip Code TX 78504 C C Description Description hysician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15442 Amount of Each Receipt this Period 250.00 contribution
selfemployed p	State Zip Code TX 78504 C Decupation Dysician Aggregate Year-to-Date ▼ 1750.00	Date of Receipt Mark 18 2011 Transaction ID : SA11AI.15657 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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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 214 OF

435

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA		
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2250.00 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Rick Lin Mailing Address 5112 N. 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 225.00 225.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		525.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b	11c	12	17	
	ny information copied from such Reports and for commercial purposes, other than using the				for the		rpose o	of soliciting	g contrib	utions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Α.	Full Name (Last, First, Middle Initial) Dr. Rick Lin Mailing Address 5112 N. 10th Street				Date c		eceipt	D / Y	YY	Ý	
	City	State	Zip Code	_	10		14		2011		
	McAllen	TX	78504					: SA11AL		d	
	FEC ID number of contributing federal political committee.	С					7	Receipt th		a 25.00	
	Name of Employer	Occupation		c	contribu	ltior	١				
	self-employee	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Rick Lin				Date c	of R	eceipt				
	Mailing Address 5112 N. 10th Street				M N		/ D 10		2011	Y	
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16316		
	McAllen	ТХ	78504		Amour	nt of	f Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,		2	25.00	
	Name of Employer	Occupation	I	c	ontribu	tion					
	self-employee	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
с.	Full Name (Last, First, Middle Initial) Dr. Rick Lin				Date c	of R	eceipt				
	Mailing Address 5112 N. 10th Street				M 12	1	/ D 09		ү ү 2011	Y	
	City McAllen	State TX	Zip Code 78504					: SA11AI Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,		2	25.00	
	Name of Employer	Occupation	 	(contribu	utior	า				
	self-employee	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		•		l	7	7	7	5.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	person for the purpose of soliciting contributions
AL PAC	
State Zip Code	Date of Receipt
C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 25.00 contribution
State Zip Code	Date of Receipt
TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
State Zip Code	Date of Receipt
TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 25.00 contribution
	Detailed Summary Page and Statements may not be sold or used by any ng the name and address of any political committee C C Occupation physician Aggregate Year-to-Date ▼ 250.00

TOTAL This Period (last page this line number only).....
SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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TEMIZED RECEIPTS			Detailed Summary Page		X 11a		11b	11c		12	
					13		14	15		16	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson to s	for the olicit co	pur ntrik	pose o putions	f soliciting from suc	j co h cc	ntribut mmitt	ions ee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Α.	Full Name (Last, First, Middle Initial) Dr. Enrique Linan				Date c	f Re	eceipt				
	Mailing Address 3003 Santo Olivia				M N	/	09			ү 011	Y
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI.	.165	51	
	Mission	ТХ	78572	_	Amour	t of	Each I	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7		_	25	.00
	Name of Employer	Occupation			contribu	ition					
	self-employee	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		300.00								
в.	Full Name (Last, First, Middle Initial) Dale Linebarger				Date c	f Re	eceipt				
	Mailing Address 901 West 9th Street #405				M N	/	15		2(y 011	Y
	City	State	Zip Code		Trans	sact	ion ID :	: SA11AI.	154	45	
	austin	TX	78703		Amour	t of	Each I	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					y		_	400.	00
	Name of Employer	Occupation		- 0	contribu	tion					
	self-employed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0									
	Other (specify)		2800.00								
c.	Full Name (Last, First, Middle Initial) Dale Linebarger				Date c	f Re	eceipt				
	Mailing Address 901 West 9th Street #405				08	/	D 18			у 011	Y
	City	State	Zip Code		Tran	sact	tion ID	: SA11AI	.156	60	
	austin	ТХ	78703	_	Amour	t of	Each I	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С				tion	7	- J	_	400	.00
	Name of Employer	Occupation			contribu	ition					
	self-employed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		3200.00								
			7 7								
s	UBTOTAL of Receipts This Page (optional)		•••••	•			7	5	-	825.	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	•			Date of Receipt
	Mailing Address 901 West 9th Street #405 City	State	Zip Code	
	austin	TX	78703	Transaction ID : SA11AI.15880 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed	Occupation private inve		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3600.00]
в.	Full Name (Last, First, Middle Initial) Dale Linebarger	I		Date of Receipt
	Mailing Address 901 West 9th Street #405		7.0.1	10 / Y Y Y Y Y 2011
	City austin	State TX	Zip Code 78703	Transaction ID : SA11AI.16098 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer self-employed	Occupation private inve		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00]
с.	Full Name (Last, First, Middle Initial) Dale Linebarger			Date of Receipt
	Mailing Address 901 West 9th Street #405			11 / D D / Y Y Y Y 2011
	City austin	State TX	Zip Code 78703	Transaction ID : SA11AI.16318 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation		contribution
	self-employed Receipt For:	private inve		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4400.00]
s	UBTOTAL of Receipts This Page (optional)			1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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••			Detailed Summary Page		(11a		11b	11c		12		
	ny information copied from such Reports and S											_
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		ddress of any political committe	e to so	olicit co	ntril	outions f	from such	1 CO	mmitte	ee.	_
	BORDER HEALTH FEDERAL	PAC										
Α.	Full Name (Last, First, Middle Initial) Dale Linebarger				Date o	of R	eceipt					
	Mailing Address 901 West 9th Street #405				M M		09	о / Y		011	Y	
	City	State	Zip Code			sact		SA11AI.				
	austin	ТХ	78703	_				Receipt th				
	FEC ID number of contributing federal political committee.	С					7		_	400	.00	
	Name of Employer	Occupation	1	c	contribu	ition	1					
	self-employed	private inve	stor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)		4800.00	4								
в.	Full Name (Last, First, Middle Initial) Ms Lisa Longoria				Date o	of Ro	eceipt					
	Mailing Address 716 South Excalibur Street				м м 07	1	15) / Y		у 011	Y	
	City	State	Zip Code		Trans	sact	tion ID :	SA11AL	154	46		
	Edinburg	ТХ	78539		Amoun	it of	Each R	Receipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	50.	00	
	Name of Employer	Occupation		c	ontribu	tion						
	self-employee	private inve	stor									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00									
<u> </u>	Full Name (Last, First, Middle Initial) Ms Lisa Longoria				Date o	of R	eceipt					_
	Mailing Address 716 South Excalibur Street				08		, 18) 011	Y	
	City Edinburg	State TX	Zip Code 78539		Trans		tion ID :	SA11AI.	156	61		
	FEC ID number of contributing federal political committee.	C			Amoun	it of	Each R	Receipt th	is F		.00	
	Name of Employer	Occupation		(contribu	utior	1					1
	self-employee	private inve										
	Receipt For:			_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		400.00									
s	UBTOTAL of Receipts This Page (optional)			•					-	500.	00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page			11a		11b	11c	12	17
	ay not be sold or used by any p ddress of any political committed		for the		pose o	f soliciting	g contrib	utions		
	DER HEALTH FEDERAL									
A. Ms Lis Mailing A City Edinburg FEC ID federal p Name of self-emp Receipt	number of contributing olitical committee. Employer loyee	State TX C Occupation private inve Aggregate				sact	tion ID Each F		nis Perio	
B. Ms Lis Mailing A City Edinburg FEC ID federal p Name of self-empl Receipt	number of contributing political committee. Employer loyee	State TX C Occupation private inve Aggregate				sact	14 ion ID :		nis Perio	d 0.00
C. Ms Li: Mailing A City Edinburg FEC ID federal p Name of self-emp Receipt	number of contributing olitical committee. Employer loyee	State TX C Occupation private inve Aggregate				sact it of	tion ID Each I		nis Perio	
SUBTOTA	L of Receipts This Page (optional)						7		15	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Ms Lisa Longoria Mailing Address 716 South Excalibur Street City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation Occupation Generation private investor Aggregate Year-to-Date ▼ 600.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16553 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78586 C Occupation private investor Aggregate Year-to-Date ▼ 350.00	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15447 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78586 C Occupation Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 400.00	Date of Receipt Mom 18 2011 Transaction ID : SA11AI.15662 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).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		each category of the etailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi			person for	r the p	urpose o	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78586 to-Date ▼ 450.00	Ar	09 Fransa	of Each		is Period	
Full Name (Last, First, Middle Initial) B. Mr. Rolando Longoria Mailing Address 32243 Road 83 City San Benito FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78586 to-Date ▼ 500.00	1 Ar	10 Transa	of Each		is Period	
Full Name (Last, First, Middle Initial) C. Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78504 to-Date ▼ 350.00	Ar	07 Fransa	of Each		iis Period	
SUBTOTAL of Receipts This Page (option	' nal)				7	7	150	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15663 Amount of Each Receipt this Period 50.00 contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 7609 N. 24th Circle	State Zip Code TX 78504	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 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 REC	EIPTS	;	

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

(check only one)

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TIEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
or for commercial purposes, other than u	s and Statements may not be sold or used by an sing the name and address of any political comm	by person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) A. Alfredo Lopez		Date of Receipt
Mailing Address 7609 N. 24th Circle		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16321
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	550.00	
Full Name (Last, First, Middle Initial) B. Alfredo Lopez		Date of Receipt
Mailing Address 7609 N. 24th Circle		12 09 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16554
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) C. Julio Lopez		Date of Receipt
Mailing Address 1311 6th E. Street		07 15 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15449
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	1750.00	
SUBTOTAL of Receipts This Page (opti	onal)	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		_		11b	11c	12	 1			
	ny information copied from such Reports an for commercial purposes, other than using					purp							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA												
A .	Mailing Address 1311 6th E. Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation physician	Date of Receipt M M / / 2011 Transaction ID : SA11AI.15664 Amount of Each Receipt this Period 250.00 contribution										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00]									
B.	Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street	State	Zip Code	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15884									
	weslaco FEC ID number of contributing federal political committee. Name of Employer	TX C	78596		Amoun ontribu	Receipt th	this Period 250.00						
	selfemployed Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 2250.00										
c.	Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street				Date o		ceipt	D / Y	YY	Y			
	City weslaco	State TX	Zip Code 78596					: SA11AI. Receipt th					
	FEC ID number of contributing federal political committee.	С								0.00			
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2500.00]									
5	SUBTOTAL of Receipts This Page (optional)			•			,		750	.00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		1b 4	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usin				for the	purpo	se of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-								<u></u>
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 2731.19	c	2011 16322 iis Perioc 23 ⁻	_				
Full Name (Last, First, Middle Initial) B. Julio Lopez Mailing Address 1311 6th E. Street City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 2978.90			saction at of Ea	09 n ID :		nis Perioc	7.71
Full Name (Last, First, Middle Initial) Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 225.00			saction	09 n ID :		nis Perioc	_
SUBTOTAL of Receipts This Page (option	al)						- 7	503	3.90

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a		11b	11c	12					
	y information copied from such Reports and for commercial purposes, other than using th													
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						ulions							
Α.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive				Date o		ceipt		y y 2011	Y				
	City Weslaco	State TX	Zip Code 78596	-				: SA11AI. Receipt th		4				
	FEC ID number of contributing federal political committee.	С					,			5.00				
	Name of Employer	Occupation			contribu	ition								
	selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
В.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano	1			Date o	of Re	ceipt							
	Mailing Address 2309 Spicewood Drive				11	/	D 10		2011	Y				
	City	State	Zip Code		Transaction ID : SA11AI.16323									
	Weslaco	TX	78596		Amoun	nt of	Each I	Receipt this Period						
	FEC ID number of contributing federal political committee.	С				25	25.00							
	Name of Employer selfemployed	Occupation physician		c	- contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate]											
	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano	1			Date o	of Re	ceipt							
	Mailing Address 2309 Spicewood Drive				12 ^M	/	09		ү ү 2011	Y				
	City Weslaco	State TX	Zip Code 78596	-				: SA11AI. Receipt th		4				
	FEC ID number of contributing federal political committee.	С					1	,		5.00				
	Name of Employer	Occupation	1	- (contribution									
	selfemployed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]										
s	UBTOTAL of Receipts This Page (optional)			 ▶			7		75	5.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	Detailed Summary Page		11a	-	11b	11c			17			
				for the		pose o	f solicitin	g contr	ributi	ions		
NE OF COMMITTEE (In Full) ORDER HEALTH FEDERA	L PAC											
allen CID number of contributing	State TX	Zip Code 78503		Date of Receipt 07 15 2011 Transaction ID : SA11AI.15452 Amount of Each Receipt this Period 250.00								
ral political committee. ne of Employer employed eipt For: Primary General Other (specify) ▼	Occupation physician	Year-to-Date ▼ 1750.00	c	contribu	ition	7	7					
Name (Last, First, Middle Initial) I il Mangi ing Address 3801 Sundown Court East		Zin Code		08	/	18	3	2011	1	Y		
allen C ID number of contributing aral political committee. The of Employer employed eipt For: Primary General Other (specify) ▼	TX C Occupation physician	78503		Amoun	it of			his Per	riod	00		
Name (Last, First, Middle Initial) alil Mangi ing Address 3801 Sundown Court Eas allen C ID number of contributing oral political committee. The of Employer employed eipt For: Primary General Other (specify)	State TX Occupation physician	Zip Code 78503 Year-to-Date ▼ 2250.00		09 Trans Amoun	sact	ion ID Each) : SA11A	2011 I .15887 his Per	1 , riod			
	xommercial purposes, other than using ME OF COMMITTEE (In Full) DRDER HEALTH FEDERA Name (Last, First, Middle Initial) III Mangi ing Address 3801 Sundown Court Eas allen allen <td>commercial purposes, other than using the name and ad ME OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) III Mangi ing Address 3801 Sundown Court East allen TX ID number of contributing C eipt For: Occupation Primary General Other (specify) Aggregate III number of contributing III III Mangi III Ing Address 3801 Sundown Court East Aggregate Primary General Other (specify) IIII Mangi IIII Mangi ing Address 3801 Sundown Court East IIII III Mangi Occupation physician Physician eipt For: Occupation Physician C III D number of contributing IIII ral political committee. Occupation Physician Aggregate Primary General Other (specify) IIII Mangi Ing Address 3801 Sundown Court East IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</td> <td>commercial purposes, other than using the name and address of any political committee DE OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) ill Mangi ing Address 3801 Sundown Court East allen TX risponse e of Employer Primary General Other (specify) Aggregate Year-to-Date ▼ ID number of contributing ral political committee. eight For: Aggregate Year-to-Date ▼ Primary General Other (specify) IT750.00 Name (Last, First, Middle Initial) II III Mangi IT750.00 Name (Last, First, Middle Initial) II III Mangi IT750.00 Name (Last, First, Middle Initial) III III D number of contributing ral political committee. C e of Employer Occupation mphoyed physician eipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼</td> <td>commercial purposes, other than using the name and address of any political committee to so dE OF COMMITTEE (in Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) lil Mangi ing Address 3801 Sundown Court East allen TX TX 78503 i: D number of contributing C primary General Other (specify) Aggregate Year-to-Date ▼ Primary General ID number of contributing C ral political committee. C ing Address 3801 Sundown Court East Aggregate Year-to-Date ▼ Mame (Last, First, Middle Initial) III Mangi ing Address 3801 Sundown Court East C ilen TX 78503 '' D number of contributing C C ral political committee. C C e of Employer Occupation physician physician C C C illo nangi General Other (specify) ▼ 2000,00 Name (Last, First, Middle Initial) III Mangi III Mangi ing Address 3801 Sundow</td> <td>armation copied from such Reports and Statements may not be sold or used by any person for the commercial purposes, other than using the name and address of any political committee to solicit committee. Name (Last, First, Middle Initial) Date committee IID number of contributing ral political committee. C Primary General Other (specify) ▼ Occupation Primary General IIID number of contributing ral political committee. C C Trans IIID number of contributing ral political committee. C C State Zip Code Tx 78503 Amoun IIID number of contributing ral political committee. C 0 First, Middle Initial) III Anggi Date committee. IIID number of contributing ral political committee. C 0 Primary General Occupation 0 IIII Mangi</td> <td>ormation copied from such Reports and Statements may not be sold or used by any person for the purports, other than using the name and address of any political committee to solicit contribution Date of return of the purport of th</td> <td>ormation copied from such Reports and Statements may not be sold or used by any person for the purpose of commercial purposes, other than using the name and address of any political committee to solicit contributions the OF COMMITTEE (in Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) III number of contributing ral political committee. IC provide the purpose of contributing ral political committee. III number of contributing ral political committee. III of the seciefyl v Aggregate Year-to-Date v Occupation physician primary General Other (specifyl v Aggregate Year-to-Date v Occupation physician primary General Aggregate Year-to-Date v Other (specifyl v <t< td=""><td>contribution State Zip Code Transaction ID: SATIAL Aggregate Year-to-Date ▼ Other (Last, First, Middle Initial) III Mangi Iii ng Address 3801 Sundown Court East C Iii D number of contributing rel Employer Occupation physician Primary General Other (Last, First, Middle Initial) Tx Iii Mangi Aggregate Year-to-Date ▼ Other (specify) ▼ Occupation physician Primary General Other (specify) ▼ Occupation physician Iii D number of contributing ral political committee. Date of Receipt Iiii Mangi Transaction ID: SATIAL Aggregate Year-to-Date ▼ Occupation physician Iiii Mangi Date of Receipt Iiii Mangi Date of Receipt Iiii Mangi C Iiii D number of contributing ral political committee. C Iiiii Mangi Date of Receipt Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</td><td>commercial purpose, other than using the name and address of any political committee to solicit contributions from such com biolicit contributions from such com DRDER HEALTH FEDERAL PAC Image: the name and address of any political committee to solicit contributions from such com Date of Receipt Name (Last, First, Middle Initial) Image: the name and address of any political committee to solicit contributions from such com Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt this Performance of contributing range of the solicit of the solicit of the solicit of the solicit contribution Date of Receipt this Performance of the solicit of the solicit of the solicit of the solicit contribution Ing Address 3801 Sundown Court East Image: the solicit contribution of the solicit contribution Date of Receipt this Perform of contribution Primary General Occupation Op of 16 201 Primary General Aggregate Year-to-Date ▼ Image: the solicit of the solicit of</td><td>committion copied from such Reports and Statements may not be sold or used by any person for the pupose of soliciting contributions from such committee contributions from such contributions from such committee COMMUTTEE (In Full) Commentation committee Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt Ing Address 3801 Sundown Court East C Primary General Aggregate Year-to-Date ▼ Primary General TX Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East TX 78503 Ite of Employer Occupation Phinary Date of Receipt Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East Date of Receipt Contribution </td></t<></td>	commercial purposes, other than using the name and ad ME OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) III Mangi ing Address 3801 Sundown Court East allen TX ID number of contributing C eipt For: Occupation Primary General Other (specify) Aggregate III number of contributing III III Mangi III Ing Address 3801 Sundown Court East Aggregate Primary General Other (specify) IIII Mangi IIII Mangi ing Address 3801 Sundown Court East IIII III Mangi Occupation physician Physician eipt For: Occupation Physician C III D number of contributing IIII ral political committee. Occupation Physician Aggregate Primary General Other (specify) IIII Mangi Ing Address 3801 Sundown Court East IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	commercial purposes, other than using the name and address of any political committee DE OF COMMITTEE (In Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) ill Mangi ing Address 3801 Sundown Court East allen TX risponse e of Employer Primary General Other (specify) Aggregate Year-to-Date ▼ ID number of contributing ral political committee. eight For: Aggregate Year-to-Date ▼ Primary General Other (specify) IT750.00 Name (Last, First, Middle Initial) II III Mangi IT750.00 Name (Last, First, Middle Initial) II III Mangi IT750.00 Name (Last, First, Middle Initial) III III D number of contributing ral political committee. C e of Employer Occupation mphoyed physician eipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	commercial purposes, other than using the name and address of any political committee to so dE OF COMMITTEE (in Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) lil Mangi ing Address 3801 Sundown Court East allen TX TX 78503 i: D number of contributing C primary General Other (specify) Aggregate Year-to-Date ▼ Primary General ID number of contributing C ral political committee. C ing Address 3801 Sundown Court East Aggregate Year-to-Date ▼ Mame (Last, First, Middle Initial) III Mangi ing Address 3801 Sundown Court East C ilen TX 78503 '' D number of contributing C C ral political committee. C C e of Employer Occupation physician physician C C C illo nangi General Other (specify) ▼ 2000,00 Name (Last, First, Middle Initial) III Mangi III Mangi ing Address 3801 Sundow	armation copied from such Reports and Statements may not be sold or used by any person for the commercial purposes, other than using the name and address of any political committee to solicit committee. Name (Last, First, Middle Initial) Date committee IID number of contributing ral political committee. C Primary General Other (specify) ▼ Occupation Primary General IIID number of contributing ral political committee. C C Trans IIID number of contributing ral political committee. C C State Zip Code Tx 78503 Amoun IIID number of contributing ral political committee. C 0 First, Middle Initial) III Anggi Date committee. IIID number of contributing ral political committee. C 0 Primary General Occupation 0 IIII Mangi	ormation copied from such Reports and Statements may not be sold or used by any person for the purports, other than using the name and address of any political committee to solicit contribution Date of return of the purport of th	ormation copied from such Reports and Statements may not be sold or used by any person for the purpose of commercial purposes, other than using the name and address of any political committee to solicit contributions the OF COMMITTEE (in Full) DRDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) III number of contributing ral political committee. IC provide the purpose of contributing ral political committee. III number of contributing ral political committee. III of the seciefyl v Aggregate Year-to-Date v Occupation physician primary General Other (specifyl v Aggregate Year-to-Date v Occupation physician primary General Aggregate Year-to-Date v Other (specifyl v <t< td=""><td>contribution State Zip Code Transaction ID: SATIAL Aggregate Year-to-Date ▼ Other (Last, First, Middle Initial) III Mangi Iii ng Address 3801 Sundown Court East C Iii D number of contributing rel Employer Occupation physician Primary General Other (Last, First, Middle Initial) Tx Iii Mangi Aggregate Year-to-Date ▼ Other (specify) ▼ Occupation physician Primary General Other (specify) ▼ Occupation physician Iii D number of contributing ral political committee. Date of Receipt Iiii Mangi Transaction ID: SATIAL Aggregate Year-to-Date ▼ Occupation physician Iiii Mangi Date of Receipt Iiii Mangi Date of Receipt Iiii Mangi C Iiii D number of contributing ral political committee. C Iiiii Mangi Date of Receipt Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</td><td>commercial purpose, other than using the name and address of any political committee to solicit contributions from such com biolicit contributions from such com DRDER HEALTH FEDERAL PAC Image: the name and address of any political committee to solicit contributions from such com Date of Receipt Name (Last, First, Middle Initial) Image: the name and address of any political committee to solicit contributions from such com Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt this Performance of contributing range of the solicit of the solicit of the solicit of the solicit contribution Date of Receipt this Performance of the solicit of the solicit of the solicit of the solicit contribution Ing Address 3801 Sundown Court East Image: the solicit contribution of the solicit contribution Date of Receipt this Perform of contribution Primary General Occupation Op of 16 201 Primary General Aggregate Year-to-Date ▼ Image: the solicit of the solicit of</td><td>committion copied from such Reports and Statements may not be sold or used by any person for the pupose of soliciting contributions from such committee contributions from such contributions from such committee COMMUTTEE (In Full) Commentation committee Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt Ing Address 3801 Sundown Court East C Primary General Aggregate Year-to-Date ▼ Primary General TX Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East TX 78503 Ite of Employer Occupation Phinary Date of Receipt Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East Date of Receipt Contribution </td></t<>	contribution State Zip Code Transaction ID: SATIAL Aggregate Year-to-Date ▼ Other (Last, First, Middle Initial) III Mangi Iii ng Address 3801 Sundown Court East C Iii D number of contributing rel Employer Occupation physician Primary General Other (Last, First, Middle Initial) Tx Iii Mangi Aggregate Year-to-Date ▼ Other (specify) ▼ Occupation physician Primary General Other (specify) ▼ Occupation physician Iii D number of contributing ral political committee. Date of Receipt Iiii Mangi Transaction ID: SATIAL Aggregate Year-to-Date ▼ Occupation physician Iiii Mangi Date of Receipt Iiii Mangi Date of Receipt Iiii Mangi C Iiii D number of contributing ral political committee. C Iiiii Mangi Date of Receipt Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	commercial purpose, other than using the name and address of any political committee to solicit contributions from such com biolicit contributions from such com DRDER HEALTH FEDERAL PAC Image: the name and address of any political committee to solicit contributions from such com Date of Receipt Name (Last, First, Middle Initial) Image: the name and address of any political committee to solicit contributions from such com Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt this Performance of contributing range of the solicit of the solicit of the solicit of the solicit contribution Date of Receipt this Performance of the solicit of the solicit of the solicit of the solicit contribution Ing Address 3801 Sundown Court East Image: the solicit contribution of the solicit contribution Date of Receipt this Perform of contribution Primary General Occupation Op of 16 201 Primary General Aggregate Year-to-Date ▼ Image: the solicit of	committion copied from such Reports and Statements may not be sold or used by any person for the pupose of soliciting contributions from such committee contributions from such contributions from such committee COMMUTTEE (In Full) Commentation committee Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt Ing Address 3801 Sundown Court East Date of Receipt Ing Address 3801 Sundown Court East C Primary General Aggregate Year-to-Date ▼ Primary General TX Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East TX 78503 Ite of Employer Occupation Phinary Date of Receipt Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East C Contribution Ing Address 3801 Sundown Court East Date of Receipt Contribution		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS						11b 14	11c	12	17	
Any information copied from such Reports a or for commercial purposes, other than usir					purpo	ose of	f soliciting	g contribu	tions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Salil Mangi Mailing Address 3801 Sundown Court Ea City mcallen	il Mangi ng Address 3801 Sundown Court East State Zip Code								Y	
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2500.00		ontribu	. ,			iis Period 250	_	
Full Name (Last, First, Middle Initial) B. Salil Mangi Mailing Address 3801 Sundown Court Ea City	st	Zip Code		Date o	1	D I I		2011	Y	
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78503	/	Amount of Each Receipt this Period 250.00 contribution						
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate]								
C. Full Name (Last, First, Middle Initial) Mailing Address 3801 Sundown Court Ea	ast	Zip Code		Date o M M 12	1	09		2011 16558	Y	
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX C Occupation physician	Zip Code 78503 Year-to-Date ▼ 3000.00			t of E		SA11AI.	nis Period	0.00	
SUBTOTAL of Receipts This Page (option	al)							750	.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any the name and address of any political committe	person for the purpose of soliciting contributions
	L PAC	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15453 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2800.00	contribution
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City	State Zip Code	08 18 2011
mcallen	TX 78504	Transaction ID : SA11AI.15668 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) C. Carlos Manrique		Date of Receipt
Mailing Address 116 Cardinal		09 09 2011
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.15888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 3600.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports or for commercial purposes, other than usin	I and Statements may not be sold or used by an ng the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) A. Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation Occupation physician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16106 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period Contribution
C. Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee.	4400.00 State Zip Code TX 78504	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16559 Amount of Each Receipt this Period 400.00
rederal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 4800.00	contribution
SUBTOTAL of Receipts This Page (option	al)	► 1200.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each categ Detailed Sumn		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician		Date of Receipt 07 15 2011 Transaction ID : SA11AI.15454 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) V	Aggregate Year-to-Date ▼	2800.00	
Full Name (Last, First, Middle Initial) B. Agustin Martinez Mailing Address 7603 N. 2nd Lane City	State Zip Code		Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504		Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼	3200.00	
Full Name (Last, First, Middle Initial) C. Agustin Martinez Mailing Address 7603 N. 2nd Lane			Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504		Transaction ID : SA11AI.15889 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	3600.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16107 Amount of Each Receipt this Period 400.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Year-to-Date ▼ 4000.0	
B. Full Name (Last, First, Middle Initial) Mailing Address 7603 N. 2nd Lane	State Zip Code	Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78504 C Occupation	Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 4400.00	0
C. Full Name (Last, First, Middle Initial) Mailing Address 7603 N. 2nd Lane	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.16561 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Year-to-Date ▼ 4800.0	
SUBTOTAL of Receipts This Page (optional)	1200.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		/ person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Ricardo Martinez Mailing Address 1903 W. Smith City edinburg	State Zip Code TX 78539	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
Full Name (Last, First, Middle Initial) B. Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician 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 edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician 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
	I)	750.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		tegory of the mmary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78539 C Occupation physician Aggregate Year-to-Date ▼	2500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	2750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation Occupation Aggregate Year-to-Date ▼	3000.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16562 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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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia			Date of Receipt
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.15456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 700.00	<pre> contribution</pre>
в.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia			Date of Receipt
	City	State	Zip Code	08 18 _2011
	Mission FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period
	Name of Employer self-employee	Occupation physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
С.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez			Date of Receipt
	Mailing Address 2809 Santa Lydia City Mission	State TX	Zip Code 78572	09 09 2011 Transaction ID : SA11AI.15891
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer self-employee Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	contribution
	Primary General Other (specify) ▼		900.00	
s	UBTOTAL of Receipts This Page (optional)			300.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir						f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
✓ Full Name (Last, First, Middle Initial) A. Dr. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1000.00		saction nt of	14 on ID :		his Perio	
Full Name (Last, First, Middle Initial) Dr. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee.	State TX C	Zip Code 78572	Amoun	saction	10 0n ID :		his Perio	
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1100.00	ontribu	ition				
Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1200.00		sacti nt of	09 on ID :		his Perio	
SUBTOTAL of Receipts This Page (option	al)				,		30	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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•••	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 11 \\ \hline \end{array}$						
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC								
A .	Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca			Date of Receipt						
	City mcallen	State TX	Zip Code 78504	07 15 2011 Transaction ID : SA11AI.15457 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Aggregate								
в.	Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca			Date of Receipt						
	City	State	Zip Code	Transaction ID : SA11AI.15672						
	mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX C Occupation private inves Aggregate		Amount of Each Receipt this Period 250.00 contribution						
c.	Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca			Date of Receipt						
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15892 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		contribution						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation Orcupation Private investor Aggregate Year-to-Date ▼ 2500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Santos Martinez Mailing Address 125 East Yucca City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Orcupation Private investor Aggregate Year-to-Date ▼ 2750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Orcupation Occupation private investor Aggregate Year-to-Date ▼ 3000.00 3000.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16564 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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 2800.00	Date of Receipt
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3200.00	Date of Receipt
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3600.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15894 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optiona)		1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12				
	y information copied from such Reports an												
or	for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	licit co	ntrib	outions	from suc	h commit	ttee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC											
Α.	Full Name (Last, First, Middle Initial) Pedro McDougal				Date o	f Re	eceipt						
	Mailing Address 1516 Iris	01.1	7.0.1		M M		D 14		у у 2011	Y			
	City mcallen	State TX	Zip Code 78501				-	: SA11AI.	-				
			70501	_ /	۹moun	it of	Each I	Receipt th	is Period	t i			
	FEC ID number of contributing federal political committee.	С			ontribu	tion	7		40	0.00			
	Name of Employer	Occupation			ontribu	nion							
	selfemployed	physician											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		4000.00	11									
	Other (specify)		4000.00										
В.	Full Name (Last, First, Middle Initial) Pedro McDougal				Date o	of Re	eceipt						
-	Mailing Address 1516 Iris				11 10 2011 -								
	City	State Zip Code				Transaction ID : SA11AI.16333							
	mcallen	ТХ	78501	Amount of Each Receipt this Period					k				
	FEC ID number of contributing federal political committee.	С					, .		400	0.00			
	Name of Employer selfemployed	Occupation physician		co	ontribu	tion							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		4400.00]									
— c.	Full Name (Last, First, Middle Initial) Pedro McDougal				Date o	of Re	eceipt						
	Mailing Address 1516 Iris				M M	/	09		20 <u>1</u> 1	Y			
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.16566				
	mcallen	ТХ	78501	/	Amoun	t of	Each I	Receipt th	nis Period	k			
	FEC ID number of contributing federal political committee.	C					7		40	0.00			
	Name of Employer	Occupation		contribution									
	selfemployed	, physician											
	Receipt For:		Year-to-Date ▼	_									
	Primary General	Aggregate		11.									
	Other (specify)		4800.00										
s	UBTOTAL of Receipts This Page (optional)								1200	0.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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Any							
				13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-					
A.	Full Name (Last, First, Middle Initial) Ms Kimberely McNutt Mailing Address 7716 N. 27th			Date of Receipt			
	City McAllen	State TX	Zip Code 78504	09 09 2011 Transaction ID : SA11AI.15895 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
:	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		<pre> contribution</pre>			
B.	Full Name (Last, First, Middle Initial) Ms Kimberely McNutt Mailing Address 7716 N. 27th			Date of Receipt			
	City	State	Zip Code	Transaction ID : SA11AI.16113			
	McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	TX C Occupation private inves Aggregate		Amount of Each Receipt this Period 25.00 contribution			
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		, 250.00]			
C .	Ms Kimberely McNutt Mailing Address 7716 N. 27th			Date of Receipt			
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.16334 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer self-employed Receipt For:	Occupation private inve Aggregate		contribution			
	Primary General Other (specify) ▼		275.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12		
Any information copied from such Repor or for commercial purposes, other than u			erson for the	e purpose o				
	-							
Full Name (Last, First, Middle Initial) A. Ms Kimberely McNutt Mailing Address 7716 N. 27th			Date	of Receipt	D / Y	Y Y	Y	
City	City State Zip Code				12 09 2011 Transaction ID : SA11AI.16567			
McAllen	TX 7	78504	Amou	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		aantrib			25	5.00	
Name of Employer	Occupation			ution				
self-employed Receipt For:	private investor							
Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 300.00	1					
Full Name (Last, First, Middle Initial) B. Bertha Medina				of Receipt				
Mailing Address 1300 1 1/2 Street				07 15 2011				
City		ip Code	Transaction ID : SA11AI.15461					
mcallen	TX 7	8501	Amou	nt of Each	Receipt thi	s Period		
FEC ID number of contributing federal political committee.	C		400.00				.00	
Name of Employer selfemployed	Occupation physician		contrib	Jtion				
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 2800.00]					
Full Name (Last, First, Middle Initial) C. Bertha Medina			Date	of Receipt				
Mailing Address 1300 1 1/2 Street				M / D	D / Y 8	2011	Y	
City mcallen		lip Code /8501		08 18 2011 Transaction ID : SA11AI.15676 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ě l					400	0.00	
Name of Employer	Occupation		contrib	ution				
selfemployed	physician							
Receipt For:	Aggregate Year-t	o-Date ▼						
Other (specify)		3200.00]					
SUBTOTAL of Receipts This Page (opt	onal)					825.	.00	

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

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

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

(check only one)

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TIEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any sing the name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1300 1 1/2 Street		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15896
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		-
Other (specify)	3600.00	
Full Name (Last, First, Middle Initial) B. Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16114
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		_
Other (specify)	4000.00	
Full Name (Last, First, Middle Initial) C. Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		11 10 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16335
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		_
Other (specify)	4400.00	
SUBTOTAL of Receipts This Page (optic	nal)	1200.00

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

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- J -

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation physician		Date of Receipt 12 09 2011 Transaction ID : SA11AI.16568 Amount of Each Receipt this Period 400.00 contribution
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4800.00	
в.	Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle		7.0.1	Date of Receipt
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.15462
	FEC ID number of contributing federal political committee.	Occupation		Amount of Each Receipt this Period 400.00 contribution
	self-employed Receipt For: Primary General Other (specify) V	physician Aggregate	Year-to-Date ▼ 2800.00	
с.	Full Name (Last, First, Middle Initial) Dr. Carlos Mego			Date of Receipt
	Mailing Address 602 McColl Circle	State	Zip Code	08 / D D / Y Y Y Y 08 / 18 / 2011 Transaction ID : SA11AI.15677
	McAllen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation	I	contribution
	self-employed	physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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for each category of the Detailed Summary Page	
	13 14 15 16 17 uny person for the purpose of soliciting contributions
State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 3600.00 3600.00	Date of Receipt
State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 4000.00	Date of Receipt
State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 4400.00	Date of Receipt
	Detailed Summary Page and Statements may not be sold or used by a ing the name and address of any political commons RAL PAC State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ State Zip Code TX 78501 C 3600.0 Occupation afore the solid or used by a ing the name and address of any political commons State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ Qoccupation 4000.00 State Zip Code TX 78501 C 4000.00

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

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
A. Dr. Carlos Mego Mailing Address 602 McColl Circle			Date of Receipt
City	State	Zip Code	12 09 2011 Transaction ID : SA11AI.16569
McAllen	ТХ	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer	Occupation		
self-employed	physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00	
			-
Full Name (Last, First, Middle Initial) B. Manuel Mercado			Date of Receipt
Mailing Address 3002 Santa Susana			07 15 2011
City	State	Zip Code	Transaction ID : SA11AI.15463
mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	contribution
selfemployed	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 1750.00	
Full Name (Last, First, Middle Initial) C. Manuel Mercado			Date of Receipt
Mailing Address 3002 Santa Susana	Mailing Address 3002 Santa Susana		
City	State	Zip Code	Transaction ID : SA11AI.15678
mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		contribution
selfemployed	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		2000.00	
SUBTOTAL of Receipts This Page (optional)		•••••	900.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
A. Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission	<i>N</i> ercado		Date of Receipt 09 Transaction ID : SA11AI.15898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2250.00	contribution
B. Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana	State	Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee.		78572	Transaction ID : SA11AI.16116 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 2500.00	<pre>contribution</pre>
C. Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana	State	Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician	78572	Transaction ID : SA11AI.16337 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee.	State TX C	Zip Code 78572	Date of Receipt
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 3000.00]
B. Full Name (Last, First, Middle Initial) Mailing Address 2100 School Lane	State	Zip Code	Date of Receipt
Mission FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78572	Amount of Each Receipt this Period 75.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private inve]
C. Full Name (Last, First, Middle Initial) Mailing Address 2100 School Lane			Date of Receipt
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.15679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	C Occupation private inve Aggregate		75.00
SUBTOTAL of Receipts This Page (optional)			400.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		11b	11c	1		_
	y information copied from such Reports and									ributi	
or	for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and a	ddress of any political committee	e to so	olicit co	ntril	outions	from suc	h com	mitte) е.
	BORDER HEALTH FEDERAL	. PAC									
Α.	Full Name (Last, First, Middle Initial) Scott Meyer				Date o	f D	aggint				
А.	Mailing Address 2100 School Lane			-					Y	V	V
					09		09		201		T
	City	State	Zip Code		Trans	sact	tion ID	: SA11AI.	.15899	1	
	Mission	TX	78572	'	Amoun	t of	Each	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7			75.	00
	Name of Employer	Occupation		c	ontribu	ition					
	selfemployed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		675.00	4							
	Full Name (Last, First, Middle Initial) Scott Meyer				Date o	f D	aggint				
р.	Mailing Address 2100 School Lane			-			D	D (Y	Y	M	V
	Maining Address 2100 School Lane				10		14		_201*		Ť
	City	State	Zip Code			sact		: SA11AI.			
	Mission	ТХ	78572					Receipt th			
	FEC ID number of contributing federal political committee.	С					,			75.0	00
	Name of Employer	Occupation		- c	ontribu	tion					
	selfemployed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		750.00	4							
<u>с</u> .	Full Name (Last, First, Middle Initial) Scott Meyer				Date o	fRe	eceipt				
	Mailing Address 2100 School Lane				м м 11	/			201	ү 1	Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI			
	Mission	TX	78572		Amoun	t of	Each	Receipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					,		_	75.	00
	Name of Employer	Occupation		C	ontribu	itior	1				
	selfemployed	private inve	stor								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		825.00								
s	UBTOTAL of Receipts This Page (optional).						7	5	2	225.0	00

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

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

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

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c	12	Г	_
Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma	A not be sold or used by any period	erson f	13 for the	purp	00se of	f soliciting	g contri	butio	17 ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			10 30							
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane City Mission	State TX	Zip Code 78572			/ sacti	09 ion ID :]
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inve Aggregate		c	ontribu	tion	5	1 - 17		75.0	0
Full Name (Last, First, Middle Initial) Dr. Fausto Meza Mailing Address 4914 Edinburg Road City	State	Zip Code		Date of	/	15		2011]
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX C Occupation private inve Aggregate	78539			t of		Receipt th	nis Peri	od 50.0	D
Full Name (Last, First, Middle Initial) C. Dr. Fausto Meza Mailing Address 4914 Edinburg Road City Edinburg	State TX	Zip Code 78539			/ sacti	18 18]
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inve Aggregate		c	contribu	tion	л			50.0	0
SUBTOTAL of Receipts This Page (optional)						7		1	75.00)

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c 12
		May not be sold or used by any p d address of any political committe		
	n Full)			
A. Dr. Fausto Meza Mailing Address 4914 Edin			Date of Receipt	/
			09 09	2011
City	State TX	Zip Code	Transaction ID : SA	
Edinburg		78539	Amount of Each Rece	eipt this Period
FEC ID number of contribution federal political committee.				50.00
Name of Employer	Occupa	tion		
selfemployed	private i	nvestor		
Receipt For: Primary Gen Other (specify)	neral	ate Year-to-Date ▼ 450.00	1	
		3 3 4		
Full Name (Last, First, Mid B. Dr. Fausto Meza	Idle Initial)		Date of Receipt	
Mailing Address 4914 Edin	burg Road		10 14	2011
City	State	Zip Code	Transaction ID : SA	11AI.16118
Edinburg	TX	78539	Amount of Each Rece	eipt this Period
FEC ID number of contribution federal political committee.	e e e e e e e e e e e e e e e e e e e			50.00
Name of Employer	Occupa	tion	contribution	
selfemployed	private i	nvestor		
Receipt For: Primary Gen Other (specify) ▼	neral Aggreg	ate Year-to-Date ▼ 500.00]	
Full Name (Last, First, Mid c. Dr. Fausto Meza	Idle Initial)		Date of Receipt	
Mailing Address 4914 Edin	nburg Road		M M / D D 11 10	/ Y Y Y Y 2011
City	State	Zip Code	Transaction ID : SA	11AI.16339
Edinburg	ТХ	78539	Amount of Each Rece	eipt this Period
FEC ID number of contribution federal political committee.	e e e e e e e e e e e e e e e e e e e			50.00
Name of Employer	Occupa	tion	contribution	
selfemployed	private	nvestor		
Receipt For:		ate Year-to-Date ▼		
Primary Gen Other (specify) ▼	neral	550.00]	
SUBTOTAL of Receipts This	Page (optional)			150.00

TOTAL This Period (last page this line number only).....
SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			or the	purpose d	of soliciting	g contribu	tions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-							
Full Name (Last, First, Middle Initial) Dr. Fausto Meza Mailing Address 4914 Edinburg Road City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate		A	M M 12 Trans	of Each		nis Period	
Full Name (Last, First, Middle Initial) B. Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation private inves Aggregate	stor Year-to-Date ▼	A	м м 07 Transa	1 action ID of Each	5 / Y 5 SA11AI. Receipt th		
C. Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼	State TX C Occupation private inve Aggregate		A	08 Trans	action ID of Each	8 2 SA11AI. Receipt th	nis Period	
SUBTOTAL of Receipts This Page (option	ial)			_			250	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than using						f soliciting	g contrib	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) A. Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen	State TX	Zip Code 78504			sactio	09 09			_
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inve Aggregate		c	ontribu	ution	7		10	0.00
Full Name (Last, First, Middle Initial) B. Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing	State TX	Zip Code 78504			sactic	14		nis Perio	
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve		cc	ontribu	tion	7			
Full Name (Last, First, Middle Initial) C. Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				saction nt of E	10 0n ID :		nis Perio 10	_
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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		_	11	-	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than usi						e of			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-								
Full Name (Last, First, Middle Initial) A. Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504		12 Trans	saction t of Ead	09 ID:	SA11AI.	2011 16573 is Period	
selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	private inve]						
B. Full Name (Last, First, Middle Initial) B. Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo	State	Zip Code		07 Trans		15 ID : \$	5A11AI.1		Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer	C Occupation	78539	Amount of Each Receipt this Period					_	
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 700.00]						
C. Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo	State	Zip Code		м м 08	JL	18	SA11AL	2011	Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician	78539			t of Ead			is Period	0.00
SUBTOTAL of Receipts This Page (option	al)							300	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
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 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 900.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.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 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16120 Amount of Each Receipt this Period Contribution
Full Name (Last, First, Middle Initial) C. Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt Tansaction ID : SA11AI.16341 Amount of Each Receipt this Period Contribution
SUBTOTAL of Receipts This Page (optional)		300.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			Detailed Summary Page		11a 13		11b 14	11c	12		17							
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and			L ay not be sold or used by any p ddress of any political committe	erson t e to so	for the	purp	ose o	f soliciting	g contr	ibutio	ons							
	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL	. PAC																
A . <u>C</u>	Il Name (Last, First, Middle Initial) arlos N Mohamed Jr. iiling Address 2821 Michael Angelo				Date o		ceipt		Y	V	v							
Cit		State	Zip Code		12		09		201	1	T							
Ed	linburg	ТΧ	78539					Receipt th										
	C ID number of contributing leral political committee.	С					,		1	100.0	00							
	me of Employer f-employed	Occupation physician		C	ontribu	ition												
	ceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1200.00]														
B . D	Il Name (Last, First, Middle Initial) r. Armando Moncada				Date o	f Rec	ceipt											
	iling Address 1421 North 2nd Street				M M	/	D 15		2011		Ý							
			State Zip Code							Transaction ID : SA11AI.15468								
Mc	Allen	ТХ	78504		Amoun	t of E	Each F	Receipt th	is Per	iod								
	C ID number of contributing leral political committee.	С					,		4	400.0)0							
	me of Employer f-employee	Occupation physician		C(ontribu	tion												
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]														
	II Name (Last, First, Middle Initial) Dr. Armando Moncada				Date o	f Rec	ceipt											
	iling Address 1421 North 2nd Street				м м 08	/	18		2011		Y							
City	y cAllen	State TX	Zip Code 78504					: SA11AI. Receipt th										
	C ID number of contributing leral political committee.					,		400.0	00									
Na	me of Employer	Occupation		C	contribution													
sel	f-employee	physician																
Re	ceipt For:	Aggregate	Year-to-Date 🔻															
	Primary General Other (specify) ▼		3200.00]														
SUB	TOTAL of Receipts This Page (optional).								9	900.0	0							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	< 11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t		for the		oose of	f soliciting	g contrib	outions	
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 FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3600.00		sacti nt of	09 on ID :		nis Perio	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 4000.00		saction at of	14 on ID :		nis Perio	
Full Name (Last, First, Middle Initial) C. Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 4400.00		sacti nt of	10 000 ID		nis Perio	
SUBTOTAL of Receipts This Page (optional)					7		120	0.00

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

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

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Date of Receipt	
Full Name (Last, First, Middle Initial) B. Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78503 C	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15469 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) C. Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation Occupation	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15684 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 REC	EIPTS	;	

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

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any p sing the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3325 Kent Lane		09 09 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15904
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify)	3600.00	
Full Name (Last, First, Middle Initial) B. Carlos Morales		Date of Receipt
Mailing Address 3325 Kent Lane		10 14 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16122
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		-
Other (specify)	4000.00	
Full Name (Last, First, Middle Initial) C. Carlos Morales		Date of Receipt
Mailing Address 3325 Kent Lane		M M / D D / Y Y Y Y 11 10 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16343
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify)	4400.00	1
SUBTOTAL of Receipts This Page (optic	- onal)	1200.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			for the		pose of	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) A. Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4800.00		sact	09 ion ID : Each F		nis Perioo	
Full Name (Last, First, Middle Initial) B. Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1750.00		sact	15 ion ID :		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) C. Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2000.00		sact t of	18 tion ID : Each F		nis Perioo 25	
SUBTOTAL of Receipts This Page (option	al)				7	7	900	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each catego Detailed Summa				11c	12		17		
Any information copied from such Reports an or for commercial purposes, other than using							f soliciting	g contri	ibutio	ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	_ PAC									
Full Name (Last, First, Middle Initial) A. Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: D		Date of Receipt Date of Receipt O9 O9 2011 Transaction ID : SA11AI.15905 Amount of Each Receipt this Period Contribution								
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		2250.00								
B. Leonel Moreno Mailing Address 1608 Woods Drive	State Zip Code			Date o M M M 10	/	14		2011		Ŷ
mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572		Transaction ID : SA11AI.16123 Amount of Each Receipt this Period 250.0 contribution				0			
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼	2500.00]							
C. Full Name (Last, First, Middle Initial) Mailing Address 1608 Woods Drive				Date o		D I		2011		Ŷ
City mission	StateZip CodeTX78572		11 10 2011 Transaction ID : SA11AI.16344 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25				250.0	00		
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	2750.00		ontribu	JUON					
SUBTOTAL of Receipts This Page (optional)			•					7	50.0)0

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	LPAC	
Full Name (Last, First, Middle Initial) A. Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16577 Amount of Each Receipt this Period 250.00 contribution 00	
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg	State Zip Code TX 78539	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15471 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate Year-to-Date ▼ 350.0	50.00 contribution
Full Name (Last, First, Middle Initial) C. Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 400.	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15686 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional		350.00

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

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

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

(check only one)

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	5	Detailed Summary Page			12				
		I ay not be sold or used by any p ddress of any political committe	person for						
NAME OF COMMITTEE (IN BORDER HEALTH									
Full Name (Last, First, Mide A. Lauren Naylor	dle Initial)		Da	ate of	Receip	ot			
Mailing Address 3020 Melir	nda Drive		N	м м 09		09	/ Y	2011	Y
City Edinburg	State TX	Zip Code 78539		Frans		ID : \$	SA11AI. eceipt th	15906	d
FEC ID number of contribu federal political committee.	ting				7		- 7		0.00
Name of Employer selfemployed	Occupation physician	1	con	ntribut	tion				
Receipt For:		Year-to-Date ▼ 450.00]						
Full Name (Last, First, Mide B. Lauren Naylor	dle Initial)		Da	ate of	Receip	ot			
Mailing Address 3020 Melir			IV	10	/ D	14	/ Y	у у 2011	Y
City	State TX	Zip Code					SA11AI.		
Edinburg FEC ID number of contribu		78539	An	nount	of Ead	∶h Re	eceipt th		d 0.00
federal political committee.			con	tributi	ion	-	9	5	5.00
Name of Employer selfemployed	Occupation physician								
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 500.00]						
Full Name (Last, First, Mide C. Lauren Naylor	dle Initial)		Da	ate of	Receip				
Mailing Address 3020 Melin	nda Drive		_	и м 11		10	/ Y	2011	Y
City Edinburg	State TX	Zip Code 78539					SA11AI. eceipt th	.16345	d
FEC ID number of contribu federal political committee.	ting			50.00					0.00
Name of Employer	Occupation	l		ntribut					
selfemployed	physician								
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 550.00							
SUBTOTAL of Receipts This	Page (optional)					-	- 7	15(0.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) Lauren Naylor Mailing Address 3020 Melinda Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78539 Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78572 Year-to-Date ▼ 350.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78572 Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

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

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

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS		immary Page			12	Г	17			
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		pose o		g contrit	butio	ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation doctor Aggregate Year-to-Date	450.00			sact	09 ion ID		nis Perio	-	0
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation doctor Aggregate Year-to-Date	500.00			sacti	14	SA11AI. Receipt th	nis Perio		0
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation doctor Aggregate Year-to-Date	550.00			sact	10 ion ID Each I		nis Perio		
SUBTOTAL of Receipts This Page (optional)			•			7		15	50.00	0

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa	01-1-	Zie Oosle	Date of Receipt
City Mission FEC ID number of contributing federal political committee.	State TX	Zip Code 78572	Transaction ID : SA11AI.16579 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation doctor Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) B. Dr. Noel Olveira			Date of Receipt
Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation physician	Zip Code 78504	M M J D J Y
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00]
C. Dr. Noel Olveira Mailing Address 9917 Bentsen Road	·		Date of Receipt
City McAllen	State TX	Zip Code 78504	08 18 2011 Transaction ID : SA11AI.15688 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 800.00]
SUBTOTAL of Receipts This Page (option	nal)		250.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	ED RECEIPTS for each catego Detailed Summa			11a		11b 14	11c 15	12	17			
Any information copied from such Reports ar or for commercial purposes, other than using							soliciting	g contrib	outions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC											
Full Name (Last, First, Middle Initial) A. Dr. Noel Olveira Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		2ip Code 78504 to-Date ▼ 900.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15908 Amount of Each Receipt this Period 100.00 contribution									
Full Name (Last, First, Middle Initial) B. Dr. Noel Olveira Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		2ip Code 78504 to-Date ▼ 1000.00			sactic	14		nis Perio				
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SUBTOTAL of Receipts This Page (optional)					,	7	30	00.00			

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 9917 Bentsen Road	State	Zip Code	Date of Receipt
McAllen FEC ID number of contributing	ТХ	78504	Transaction ID : SA11AI.16580 Amount of Each Receipt this Period
federal political committee.	Occupation		100.00
selfemployed Receipt For: Primary General Other (specify)	physician	Year-to-Date ▼ 1200.00]
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive			Date of Receipt
City Edinburg	State TX	Zip Code 78539	07 15 2011 Transaction ID : SA11AI.15474 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
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Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]
Full Name (Last, First, Middle Initial)C.Dr. Athanaji Orfanos			Date of Receipt
Mailing Address 3013 Lakeshore Drive	State	Zip Code	08 18 2011 Transaction ID - 5 41141 45520
Edinburg	TX	78539	Transaction ID : SA11AI.15689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
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Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00]
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SCHEDULE A	(FEC	Form	3X)
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A. Dr. Athanaji Orfanos Date of Receipt Mailing Address 3013 Lakeshore Drive 09 03 2011 City State Zip Code Transaction ID : SA11A.115909 FEC ID number of contributing federal political committee. Occupation 100.00 Name of Employer Occupation private investor Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00 FUI Name (Last, First, Middle Initial) Date of Receipt 14 2011 B. Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive 10 14 2011 City State Zip Code Transaction ID : SA11AL16127 Anount of Each Receipt Ibis Period Mailing Address 3013 Lakeshore Drive C 10 14 2011 14 2011 City State Zip Code Transaction ID : SA11AL16127 Anount of Each Receipt Ibis Period 100.00 Contribution Receipt For: Occupation private investor 100.00 Contribution 100.00 Contribution Full Name (Last, First, Middle Inital) C C Aggregate Year-to-Date ▼ 110 2011 Transacti	NAME OF COMMITTEE (In Full)							
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C. Dr. Athanaji Orfanos Date of Receipt Mailing Address 3013 Lakeshore Drive Date of Receipt City State Zip Code Edinburg TX 78539 FEC ID number of contributing federal political committee. C 100.00 Name of Employer Occupation private investor 100.00 Receipt For: Aggregate Year-to-Date ▼ 1100.00 Other (specify) ▼ 1100.00 1100.00	Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX C Occupation private inves	78539 tor Year-to-Date ▼	Amount	of Each		is Period	00
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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	5

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 13 14 15		12		17				
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A. Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive				Date c		eceipt 09		2011		Ŷ	
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00									
Full Name (Last, First, Middle Initial) B. Mr. Jose Ortega				Date c		eceipt					
Mailing Address 2504 Xanthisma	State	Zip Code		^M 07		15		2011		Ŷ	
mcallen	TX	78504		Transaction ID : SA11AI.15475 Amount of Each Receipt this Period							
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Mailing Address 2504 Xanthisma				M N 08	1 /	18		2011		Y	
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SCHEDULE A	(FEC	Form	3X)
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11	EMIZED RECEIPTS	betailed Summary Page			_		11b	11c		12								
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Α.	Full Name (Last, First, Middle Initial) Mr. Jose Ortega Mailing Address 2504 Xanthisma City mcallen FEC ID number of contributing federal political committee. Name of Employer	State TX Occupation	Zip Code 78504			sac nt o	f Each	9 2 : SA11AI Receipt tl	20 . 1591		Y 00							
	self-employed Receipt For: Primary General Other (specify) ▼	private inve Aggregate	stor Year-to-Date ▼ 900.00]														
в.	Full Name (Last, First, Middle Initial) Mr. Jose Ortega Mailing Address 2504 Xanthisma						Date of Receipt											
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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC												
A. Mr. Jose Ortega Mailing Address 2504 Xanthisma				Date o		ceipt		_ 2011	Y				
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Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate			Unitibu									
Full Name (Last, First, Middle Initial) B. Armando Osio Mailing Address 600 Tulip	Date of Receipt												
City mcallen	State TX	Zip Code 78504	07 15 2011 Transaction ID : SA11AI.15476 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee. Name of Employer	Occupation		contribution										
selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	physician	Year-to-Date ▼ 1750.00											
Full Name (Last, First, Middle Initial) C. Armando Osio				Date o	of Re	ceipt							
Mailing Address 600 Tulip City mcallen	State TX	Zip Code 78504			sacti		SA11AI						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
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SCHEDULE A	(FEC	Form	3X)
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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER					
A. Full Name (Last, First, Middle Initial) Mailing Address 600 Tulip City	State Zip Code	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15911			
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2250.00	contribution			
B. Full Name (Last, First, Middle Initial) Mailing Address 600 Tulip	Armando Osio Mailing Address 600 Tulip				
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	10 14 2011 Transaction ID : SA11AI.16129 Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00	contribution			
C. Armando Osio Mailing Address 600 Tulip		Date of Receipt			
City mcallen FEC ID number of contributing	State Zip Code TX 78504	11 10 2011 Transaction ID : SA11AI.16350 Amount of Each Receipt this Period			
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Other (specify)	2750.00	750.00			

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SCHEDULE A	(FEC	Form	3X)
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11	EMIZED RECEIPTS	D RECEIPTS for each category of the Detailed Summary Page					11b 14	11c	12	□ 1 [.]							
	y information copied from such Reports and for commercial purposes, other than using t						rpose c	of soliciting	g contrib	utions							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL																
Α.	Full Name (Last, First, Middle Initial) Armando Osio				Date c	of R	eceipt										
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	Primary General		2000.00	11													
	Other (specify)		3000.00														
в.	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo				Date c	of R	eceipt										
	Mailing Address 1601 Sebastian Drive				07	1	15		_2011	Y							
	City	State	Zip Code		Trans	sact		: SA11AI.									
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	Other (specify)		330.00														
C.	Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo				Date c	of R	eceipt										
	Mailing Address 1601 Sebastian Drive				08		/ 18		ү ү 2011	Y							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b	11c	12	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL								
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate			sact	ion ID		nis Period	
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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F											
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation private invest Aggregate	Zip Code 78572 stor Year-to-Date ▼	600.00			/ sacti t of	09 on ID		nis Perio		D
Full Name (Last, First, Middle Initial) B. Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼	1750.00			r saction t of	15 0n ID :		nis Perio		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Full Name (Last, First, Middle Initial) Fernando Otero				Data	of			nt							
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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^	Full Name (Last, First, Middle Initial) Fernando Otero	_			Data a	fD	aceint		_	_	_
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	Mailing Address 121 E. Quamasia #148				12	/	09		201		Y
	City	State	Zip Code	\neg		sact		, : SA11AI.			
	mcallen	ТХ	78501					Receipt th			
	FEC ID number of contributing federal political committee.	С					7			250.0	00
	Name of Employer	Occupation		c	contribu	ition					
	selfemployed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
_	Other (specify)	<u> </u>	3000.00								
В.	Full Name (Last, First, Middle Initial) Kip Owen				Date o	f Re	eceipt			-	
-	Mailing Address 2305 Red River				07		15		201		Y
	City	State	Zip Code	\neg	Transaction ID : SA11AI.15479 Amount of Each Receipt this Period						
	mcallen	ТΧ	78572							riod	
	FEC ID number of contributing federal political committee.	С					y			75.0	00
	Name of Employer	Occupation		c	ontribu	tion					
	selfemployed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Kip Owen				Date o	f Re	eceipt				
	Mailing Address 2305 Red River				м м 08	/	18		201 <i>°</i>		Y
	City	State	Zip Code		Trans	sact	tion ID	: SA11AI	.15694		
	mcallen	ТХ	78572		Amoun	t of	Each I	Receipt th	nis Per	riod	
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	Name of Employer	Occupation		- '	contribu	uon	I				
	selfemployed	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		600.00								
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TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and ad	v not be sold or used by any p dress of any political committee	erson e to so	for the	purp purp	oose o	15 f soliciting from sucl	g contribu h commit	itions tee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78572 //ear-to-Date ▼ 675.00			sacti	09 ion ID		nis Period	
B. Kip Owen Mailing Address 2305 Red River	State	Zip Code		Date o	/	14		2011 16132	Y
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician Aggregate Y	78572 //ear-to-Date ▼ 750.00			it of		Receipt th	nis Period	5.00
Full Name (Last, First, Middle Initial) C. Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Y	Zip Code 78572 //ear-to-Date ▼ 825.00			sacti it of	ion ID		nis Period	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	,
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	y information copied from such Reports an for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full)									
	BORDER HEALTH FEDERA	L PAC								
Α.	Full Name (Last, First, Middle Initial) Kip Owen				Date o	f Re	eceipt			
	Mailing Address 2305 Red River				м м 12	/	09		2011	Y
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI.		
	mcallen	ТХ	78572		Amoun	t of	Each	Receipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	С					y		7	5.00
	Name of Employer	Occupation		c	ontribu	tion				
	selfemployed	physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		900.00							
В.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.				Date o	f Re	eceipt			
	Mailing Address P.O. Box 3669				м м 07	/	D 15		2011	Y
	City	State	Zip Code		Trans	act	ion ID	: SA11AI.	15480	
	Edinburg	TX	78540		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С								0.00
	Name of Employer selfemployed	Occupation private inves	stor	C	ontribu	tion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.				Date o	f Re	eceipt			
	Mailing Address P.O. Box 3669				м м 08	/	D 18		2011	Y
	City	State TX	Zip Code		Trans	sact	ion ID	: SA11AI.	15695	
	Edinburg	1X	78540	- :	Amoun	t of	Each	Receipt th	nis Perioc]
	FEC ID number of contributing federal political committee.	С					7		5(0.00
	Name of Employer	Occupation		c	contribu	ition				
	selfemployed	private inve	stor							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		400.00							
	Other (specify)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
s	UBTOTAL of Receipts This Page (optional))		• -			7	7	175	.00
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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TEMIZED RECEIPTS			Detailed Summary Page		11a		11b	11c	12		
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			/ not be sold or used by any p dress of any political committe	erson t e to so	13 for the licit co	purp ntrib	14 pose o utions	15 f soliciting from suc	16 g contribu h commit	utions ttee.	<u></u>
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA										
Α.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669 City Edinburg	State TX	Zip Code 78540			/ sacti	09 on ID				
	FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private inves Aggregate Y	tor /ear-to-Date ▼ 450.00	c	ontribu	tion	3		51	0.00	
В.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation private invest Aggregate Y	Zip Code 78540 tor /ear-to-Date ▼			actions for the second	14 0n ID :		nis Perioo]
c.	Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate Y	500.00 Zip Code 78540 tor /ear-to-Date ▼ 550.00			sacti t of	10 ion ID		nis Perioo]
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of Detailed Summary F		< 11a		11b	11c	12	
Any information copied from such Reports and Sta or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P								
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78540 C Occupation private investor Aggregate Year-to-Date ▼ 60	00.00	M 12 Trai	M Isac nt of	f Each		nis Perioo	_
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	50.00	M 07 Trar	nt of	f Each		nis Perioo	_
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 200	00.00	08 Tra	m sac nt of	f Each		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)			Γ.		7		550	0.00

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of Detailed Summary	Page X 11a 11b 11c 12
		d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Prakash Palimar Mailing Address 121 Canary City mcallen	State Zip Code TX 78504	Date of Receipt
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2.	250.00
Full Name (Last, First, Middle Initial) B. Prakash Palimar Mailing Address 121 Canary		Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.16134 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼	500.00
C. Prakash Palimar Mailing Address 121 Canary		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	11 10 2011 Transaction ID : SA11AI.16355 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2	contribution
		750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	ERAL PAC										
Full Name (Last, First, Middle Initia A. Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State TX C Occupation physician	Zip Code 78504 Year-to-Date ▼	Date of Receipt 12 09 2011. Transaction ID : SA11AI.16588 Amount of Each Receipt this Period 250.00 contribution								
Other (specify) ▼ Full Name (Last, First, Middle Initia	l)	3000.00]								
B. Dr. Jerry Pallares Mailing Address 24399 Dillworth Ro City	ad State	Zip Code	Date of Receipt								
Harlingen FEC ID number of contributing federal political committee.	С	78552	Amount of Each Receipt this Period								
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2100.00	<pre>contribution </pre>								
C. Full Name (Last, First, Middle Initia Dr. Jerry Pallares Mailing Address 24399 Dillworth Re			Date of Receipt								
City Harlingen	State TX	Zip Code 78552	08 18 2011 Transaction ID : SA11AI.15697 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		300.00								
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2400.00	contribution								
SUBTOTAL of Receipts This Page (pptional)		850.00								

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a	11		11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi			for the	purpos	e of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78552 Year-to-Date ▼ 2700.00	09 Trans	saction t of Ead	09 ID :		is Perioc	
Full Name (Last, First, Middle Initial) B. Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78552 Year-to-Date ▼ 3000.00	10 Trans	t of Ead	14 1 D :		is Perioc	ý 1 0.00
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78552 Year-to-Date ▼ 3250.00	11 Trans	saction t of Ead	10 10		iis Perioc	1 0.00
SUBTOTAL of Receipts This Page (option	nal)						850	0.00

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SCHEDULE A	(FEC Form 3X)						
ITEMIZED RECEIPTS							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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116			for each category of the Detailed Summary Page		-		11b	11c	12							
	y information copied from such Reports and for commercial purposes, other than using the second seco															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL															
Full Name (Last, First, Middle Initial) A. Dr. Jerry Pallares Mailing Address 24399 Dillworth Road				Date of Receipt												
	City	Ctata	Zin Codo		12 09 2011											
	City	State Zip Code TX 78552				Transaction ID : SA11AI.16589										
	Harlingen	17 /8552			Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.		С														
	Name of Employer	Occupation	I													
	selfemployed	physician														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3500.00]												
	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero				Date o	of R	eceipt									
Mailing Address 2312 La Condesa	Mailing Address 2312 La Condesa					07 15 _2011 _										
	City	State	Zip Code		Trans	sact		: SA11AI.								
	Edinburg	ТХ	78539		Amoun	nt of	Each I	Receipt th	nis Perio	d						
	FEC ID number of contributing federal political committee.	С			4											
	Name of Employer	Occupation	1	contribution												
	self-employed	physician														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]												
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero	1			Date o	of R	eceipt									
	Mailing Address 2312 La Condesa				08 18 2011											
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.15698							
	Edinburg	ТХ	78539		Amoun	nt of	Each	Receipt th	nis Perior	d						
	FEC ID number of contributing federal political committee.	С		400.00 contribution												
	Name of Employer	Occupation	1		JUITTIDU	uor	I									
	self-employed	physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		3200.00]												
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions te to solicit contributions from such committee.							
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 FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15918 Amount of Each Receipt this Period 400.00							
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3600.00								
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78539 Year-to-Date ▼	Date of Receipt							
City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	4000.00 Zip Code 78539 Year-to-Date ▼ 4400.00	Date of Receipt 11 10 2011 Transaction ID : SA11AI.16357 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) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC	
Full Name (Last, First, Middle Initial) A. Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78539 C Occupation physician	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16590 Amount of Each Receipt this Period 400.00 contribution
Other (specify)	Aggregate Year-to-Date ▼ 4800.00	
Full Name (Last, First, Middle Initial) B. Eduardo Peguero Mailing Address P.O.Box 5959 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78502 C Occupation physcian 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 FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78502 C Occupation physcian Aggregate Year-to-Date ▼ 1200.00 1200.00	Date of Receipt M M M M M M Y Y Y Y Y 08 18 2011 Transaction ID : SA11AI.15699 Amount of Each Receipt this Period 150.00 contribution
SUBTOTAL of Receipts This Page (optional)		700.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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14 15 16 17 e purpose of soliciting contributions contributions from such committee. 10 10 of Receipt 09 2011 10 msaction ID : SA11AI.15919 150.00 150.00 150.00 pution 150.00 150.00 150.00
M / D D / Y Y Y Y 09 2011 nsaction ID : SA11AI.15919 int of Each Receipt this Period 150.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS	Detailed Summary Pa	Page X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used be be name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Eduardo Peguero Mailing Address P.O.Box 5959 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78502 C Occupation physcian Aggregate Year-to-Date ▼ 180	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16591 Amount of Each Receipt this Period Amount of Each Receipt this Period contribution 00.00
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation doctor Aggregate Year-to-Date ▼ 35	Date of Receipt Date of Receipt O7 15 2011 Transaction ID : SA11AI.15485 Amount of Each Receipt this Period contribution i0.00
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation doctor Aggregate Year-to-Date ▼ 40	Date of Receipt Date of Receipt 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).....

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	2	
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	ny information copied from such Reports ar for commercial purposes, other than using										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
Α.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena				Date o	f R	eceipt				
	Mailing Address 3716 Tigris				09		/ 09		201 [°]		Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	15920		
	Edinburg	TX	78539	_	Amoun	t of	f Each	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С			contribu	tion	7			50.	00
	Name of Employer	Occupation			contribu	tior	1				
	self-employed	doctor									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		450.00	11							
			1								
в.	Full Name (Last, First, Middle Initial) Dr. Alberto Pena				Date o	f R	eceipt				
	Mailing Address 3716 Tigris				10]	/ D 14		y 2011		Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	16138		
	Edinburg	ТХ	78539		Amoun	t o	f Each	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					7			50.0	00
	Name of Employer	Occupation		c	ontribu	tion	1				
	self-employed	doctor									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Alberto Pena				Date o	fR	eceipt				
	Mailing Address 3716 Tigris				11		/ 1		2011		Y
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	.16360		
	Edinburg	ТХ	78539		Amoun	t o	f Each	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					7			50.	00
	Name of Employer	Occupation		(contribu	itioi	n				
	self-employed	doctor									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		550.00								
s	UBTOTAL of Receipts This Page (optional)		•		I	,		1	50.0	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Repor or for commercial purposes, other than u				for the	purp	ose o	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE									
A. Full Name (Last, First, Middle Initial) Mailing Address 3716 Tigris				Date o		ceipt	D / Y	YY	Ý
City	State	Zip Code		12 Trans	sactio	09 on ID :	: SA11AI	2011 . 16592	_
Edinburg	TX	78539		Amoun	nt of I	Each F	Receipt th	nis Perio	d
FEC ID number of contributing federal political committee.	С					,		5	0.00
Name of Employer	Occupation		c	ontribu	ltion				
self-employed	doctor								
Receipt For:	Aggregate Y	′ear-to-Date ▼							
Primary General		600.00	11						
Other (specify)		000.00							
Full Name (Last, First, Middle Initial) B. Jose Pena				Date o	of Red	ceipt			
Mailing Address 100 Bluebird				^M ■ M	/	15		_2011	Y
City	State	Zip Code		Trans	sactio		SA11AI.		
mcallen	ТХ	78504		Amoun	nt of I	Each F	Receipt th	nis Perio	d
FEC ID number of contributing federal political committee.	С					7		40	0.00
Name of Employer	Occupation		C0	ontribu	tion				
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 2800.00]						
Full Name (Last, First, Middle Initial) C. Jose Pena				Date o	of Red	ceipt			
Mailing Address 100 Bluebird				M N 08	/	D 18		2011	Y
City	State	Zip Code		Tran	sacti	on ID	: SA11AI	.15701	
mcallen	ТХ	78504		Amoun	nt of I	Each F	Receipt th	nis Perio	d
FEC ID number of contributing federal political committee.	C					7		40	0.00
Name of Employer	Occupation		C	ontribu	Jtion				
selfemployed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 3200.00]						
SUBTOTAL of Receipts This Page (opt	ional)					7		85(0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Jose Pena	3600.00	Date of Receipt
Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 4000.00	M M M J
Full Name (Last, First, Middle Initial) C. Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 4400.00 4400.00	Date of Receipt Tansaction ID : SA11AI.16361 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	1	

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

10

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SCHEDULE A (FEC Form	3X)
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P		
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Physician Aggregate Year-to-Date ▼ 4800.00	Date of Receipt
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼ Aggregate Year-to-Date √ 1750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court City pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78577 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00 2000.00	Date of Receipt 08 / 18 / 2011 Transaction ID : SA11AI.15702 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		900.00

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

а.

SCHEDULE A (FEC Form 3X)				
ITEMIZED RECEIPTS				

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

11b

(check only one)

X 11a

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11c

435

			,			13	14		15	16		17
	ny information copied from such Reports and s											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL											
Α.						Date o	f Receipt					
	Mailing Address 905 S. Huisache Court					м м 09		D 09		2011	Y	
	City pharr	State TX	Zip Code 78577		-		saction II					
			10011	_	-	Amoun	it of Each	п нес	eipt this	Period		_
	FEC ID number of contributing federal political committee.	С							7	250.	00	
	Name of Employer	Occupation			- (contribu	ition					
	self-employed	private inve	stor									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 22	250.00								
В.	Full Name (Last, First, Middle Initial) Juan Pena						f Receipt					
	Mailing Address 905 S. Huisache Court	Chata	Zin Oada			10		14		011	Y	
City		State TX	Zip Code 78577		-		saction ID					
	FEC ID number of contributing federal political committee.	C	10311			Amoun	it of Each	i Rec	eipt this	Period 400.(00	
	Name of Employer	Occupation			- c	ontribu	tion					
	self-employed	private inve										
	Receipt For:	·	Year-to-Date ▼		-							
	Primary General Other (specify) ▼			650.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Juan Pena					Date o	f Receipt					
	Mailing Address 905 S. Huisache Court					M M		D 10		011	Y	
	City	State	Zip Code			Trans	saction II	D : S/	A11AI.16	362		
	pharr	TX	78577		_	Amoun	t of Each	Rec	eipt this	Period		
	FEC ID number of contributing federal political committee.	С							7	400.	00	
	Name of Employer	Occupation			- '	contribu	ition					
	self-employed	private inve	stor									
	Receipt For:	Aggregate	Year-to-Date ▼		1							
	Primary General Other (specify)		30	050.00								
	SUBTOTAL of Receipts This Page (optional)									1050.0	00	٦

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

SCHEDULE A (FEC Form 3)	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 297 OF (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	nd Statements may not be sold or used by any g the name and address of any political committe	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) 4. Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Court		12 09 2011
City pharr	StateZip CodeTX78577	Transaction ID : SA11AI.16594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 3450.00	contribution
Full Name (Last, First, Middle Initial) 3. Dr. Nicholas Pereira		Date of Receipt
Mailing Address 7005 North Cynthia		07 15 2011
City McAllen	StateZip CodeTX78504	Transaction ID : SA11AI.15488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) C. Dr. Nicholas Pereira		Date of Receipt
Mailing Address 7005 North Cynthia		M / D / Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15703 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Vear-to-Date V	

1200.00

Aggregate Year-to-Date **V**

435

17

Primary

Other (specify)

General

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page			11c	12	17	
Any information copied from such Report or for commercial purposes, other than u			erson for th		pose o	f soliciting	g contribu	tions
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDE	RAL PAC							
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1350.00	09 Tra	nsacti unt of	09 ion ID		iis Period	
Full Name (Last, First, Middle Initial) B. Dr. Nicholas Pereira Mailing Address 7005 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1500.00	10 Tra	n sacti unt of	ion ID :	SA11AI. SA11AI.		_
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1650.00	1 ¹ Tra	I nsact	ion ID Each I		iis Period	0.00
SUBTOTAL of Receipts This Page (opti-	onal)				4		450	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	AL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Nicholas Pereira Mailing Address 7005 North Cynthia		Date of Receipt
City	State Zip Code TX 78504	Transaction ID : SA11AI.16595
McAllen FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1800.	00
B. Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5360		Date of Receipt
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15489
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 563.	00
Full Name (Last, First, Middle Initial) C. Ernie Perez		Date of Receipt
Mailing Address P.O. Box 5360		08 18 2011
City mcallen	StateZip CodeTX78502	Transaction ID : SA11AI.15704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 623.	00
SUBTOTAL of Receipts This Page (optio	nal)	285.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 300 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER Full Name (Last, First, Middle Initial)	ng the name and a	ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contribution e to solicit contributions from such committee
A. Ernie Perez Mailing Address P.O. Box 5360 City mcallen	State TX	Zip Code 78502	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer self-employed	Occupation private inve		50.0
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 673.00]
Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360			Date of Receipt
City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.15982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.0
Name of Employer self-employed	Occupation private inve		contribution
Receipt For:	Aggregate	Veer to Date	

ction ID : SA11AI.15982 of Each Receipt this Period 25.00 on Aggregate Year-to-Date 🔻 Primary General 698.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ernie Perez Date of Receipt Mailing Address P.O. Box 5360 M M / D D 10 2011 11 City State Zip Code Transaction ID : SA11AI.16364 ΤХ 78502 mcallen Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. contribution Name of Employer Occupation private investor self-employed Receipt For: Aggregate Year-to-Date ▼ Primary General 723.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page			12 16	1	7				
Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and a	y not be sold or used by any p ddress of any political committe	erson e to so	for the	pur ntrik	pose of	f soliciting	g co h cc	ntributi	ions	<u>,</u>
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC										
✓ Full Name (Last, First, Middle Initial) A. Ernie Perez Mailing Address P.O. Box 5360 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78502 stor Year-to-Date ▼ 748.00			sact	09		2 . 165		Y 00]
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation private invest				sact	15 ion ID :		20 . 154		Y 42]
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Dr. Florencia Perez Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve	Year-to-Date ▼ 659.39 Zip Code 78503 stor Year-to-Date ▼ 844.86			sact t of	18 ion ID : Each F		20 . 157		_]
SUBTOTAL of Receipts This Page (optic	onal)								437.8	39	1

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	nd Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name (Last, First, Middle Initial) A. Dr. Florencia Perez Mailing Address 4600 Victoria		Date of Receipt						
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.15924 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	209.96						
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 1054.82	contribution						
B. Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria		Date of Receipt						
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16142						
McAllen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	164.47						
Name of Employer selfemployed	Occupation private investor	contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1219.29]						
Full Name (Last, First, Middle Initial) C. Dr. Florencia Perez		Date of Receipt						
Mailing Address 4600 Victoria		M = M / D = D / Y = Y = Y = Y 11 10 _ 2011 _						
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16365 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	164.47						
Name of Employer	Occupation	contribution						
selfemployed	private investor							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1383.76	1						
)	538.90						

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Dr. Florencia Perez Mailing Address 4600 Victoria			Date of Receipt
City McAllen	State Zip C TX 7850		12 09 2011 Transaction ID : SA11AI.16597 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		157.47
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-D	ate ▼ 1541.23	<pre> contribution </pre>
Full Name (Last, First, Middle Initial) B. Claudia Pierson Mailing Address 6912 N. Peking			Date of Receipt
City	State Zip C	Code	07 15 2011 Transaction ID : SA11AI.15491
mcallen	TX 7850)1	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 1602.92]
Full Name (Last, First, Middle Initial) C. Claudia Pierson			Date of Receipt
Mailing Address 6912 N. Peking			08 18 2011
City mcallen	State Zip C TX 7850		Transaction ID : SA11AI.15706 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		213.03
Name of Employer	Occupation		
selfemployed Receipt For:	physician		
Primary General Other (specify) ▼	Aggregate Year-to-D	aie ▼ 1815.95	1
SUBTOTAL of Receipts This Page (optional)			620.50

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page		11a	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than us			erson for					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF								
✓ Full Name (Last, First, Middle Initial) A. Claudia Pierson Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 /ear-to-Date ▼ 2057.12	1 Ar	и м 09 Гrans	(saction IE t of Each		nis Period	
Full Name (Last, First, Middle Initial) B. Claudia Pierson Mailing Address 6912 N. Peking			Da	Л — М	f Receipt	D / Y	Y Y	Y
City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501			action ID	14) : SA11AI. Receipt th	nis Period	1 3.92
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	/ear-to-Date ▼ 2246.04	con	tribut	tion			
C. Full Name (Last, First, Middle Initial) Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing	State TX	Zip Code 78501		и м 11 Frans	saction I		nis Period	
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician	/ear-to-Date ▼ 2434.96	cor	ntribu	ition			
SUBTOTAL of Receipts This Page (optio	nal)				,		619	.01

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any plant the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation Occupation physician Aggregate Year-to-Date ▼ 2615.84	Date of Receipt this Period 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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼ 225.00	Date of Receipt Date of Receipt D9 09 2011 Transaction ID : SA11AI.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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 10 14 2011 Transaction ID : SA11AI.16144 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (option	nal)	230.88

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Α.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina Mailing Address 129 E. Jones			Date of Receipt						
	City Pharr	State TX	Zip Code 78577	11 10 2011 Transaction ID : SA11AI.16367 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		contribution						
В.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina Mailing Address 129 E. Jones			Date of Receipt						
	City	State TX	Zip Code	12 09 2011 Transaction ID : SA11AI.16599						
	Pharr FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period						
	Name of Employer selfemployed	Occupation private inve		contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
<u> </u>	Full Name (Last, First, Middle Initial) Ms Jessica Porras			Date of Receipt						
	Mailing Address 5128 North 10th Street			09 09 / Y Y Y Y 09 09 101 00 00 00 00 00 00 00 00 00 00 00 00						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15927 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	25.00								
	Name of Employer self-employee Receipt For: Primary General	Occupation private inve Aggregate		contribution						
Γ	Other (specify) ▼		225.00	75.00						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page		11a 13		11b	11c	12	17
Any information copied from such Reports and s or for commercial purposes, other than using th				or the		pose o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name (Last, First, Middle Initial) Ms Jessica Porras Mailing Address 5128 North 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate				sact	ion ID Each I		nis Perioo	_
Full Name (Last, First, Middle Initial) Ms Jessica Porras Mailing Address 5128 North 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate				sact	10 ion ID :		nis Perioo	d 5.00
Full Name (Last, First, Middle Initial) Ms Jessica Porras Mailing Address 5128 North 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				sact it of	tion ID Each I		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)		•	•			J	,	75	5.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 11 \\ \hline \end{array}$			
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
A .	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird			Date of Receipt			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15494 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1748.63				
в.	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird			Date of Receipt			
	City	State	Transaction ID : SA11AI.15709				
	mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX C Occupation physician Aggregate	78504	Amount of Each Receipt this Period 250.00 contribution			
	Primary General Other (specify) ▼		1998.63]			
C.	Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird			Date of Receipt			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.15928 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		250.00				
	Name of Employer selfemployed	Occupation physician		contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2248.63	1			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	ts and Statements may not be sold or used by any pusing the name and address of any political committe	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC			
A. Full Name (Last, First, Middle Initial) Mailing Address 521 E. Bluebird	State Zip Code	Date of Receipt		
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504	Amount of Each Receipt this Period 250.00 contribution		
selfemployed Receipt For:	physician Aggregate Year-to-Date ▼ 2498.63			
B. Sergio Preciado Mailing Address 521 E. Bluebird	·	Date of Receipt		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16369 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer	Occupation	232.05		
selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2730.68]		
C. Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt		
City mcallen	StateZip CodeTX78504	12 09 2011 Transaction ID : SA11AI.16601 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů l			
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2979.31	contribution		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi				or the	purpose	of solicitin	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
A. Sergio Ramirez Mailing Address 1608 Woods Drive	State	Zip Code		м м 07		15 15 2 : SA11AI	2011	Y
mission FEC ID number of contributing federal political committee.	Тх	78572		mount	t of Each	Receipt t	his Period).00
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 1750.00]	ontribut	lion			
B. Full Name (Last, First, Middle Initial) Mailing Address 1608 Woods Drive	State	Zip Code		м м 08	Ŀ	D / Y 18	2011	Y
mission FEC ID number of contributing federal political committee.	ТХ	78572	A		t of Each	D : SA11AI		_
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 2000.00]					
C. Full Name (Last, First, Middle Initial) Mailing Address 1608 Woods Drive				Date of			2011	Y
City mission	State TX	Zip Code 78572		Transaction ID : SA11AI.15929 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		contribution).00	
Name of Employer selfemployed Receipt For: Primary General Other (specify) v	Occupation physician Aggregate	Year-to-Date ▼ 2250.00		Jinnou				
SUBTOTAL of Receipts This Page (option	nal)						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

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	
Any information copied from such Reported for commercial purposes, other than				or the		pose o	of soliciting	g contrib	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDI									
Full Name (Last, First, Middle Initial) A. Sergio Ramirez Mailing Address 1608 Woods Drive City	State	Zip Code		Date o	/	D 14		2011	Ŷ
mission FEC ID number of contributing	ТХ	78572					Receipt th	his Period	
federal political committee.	Occupation		C0	ontribu	ition	9	- T	25	0.00
selfemployed Receipt For: Primary General	physician	Year-to-Date ▼	_						
Other (specify) ▼ Full Name (Last, First, Middle Initial)		2500.00	-						
B. Sergio Ramirez Mailing Address 1608 Woods Drive			[Date o	f Re	eceipt		2011	Ŷ
City	State	Zip Code			sact		: SA11AI		
mission FEC ID number of contributing federal political committee.	С	78572	/	Amoun	t of	Each	Receipt tl		d 0.00
Name of Employer selfemployed	Occupation physician		co	ontribu	tion				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2750.00]						
Full Name (Last, First, Middle Initial) C. Sergio Ramirez				Date o	f Re	eceipt			
	Mailing Address 1608 Woods Drive					09		2011	Y
City mission	State TX	Zip Code 78572					: SA11AI Receipt th		d
FEC ID number of contributing federal political committee.	C			ontribu	ution	7		25	0.00
Name of Employer selfemployed	Occupation physician			onnibe					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]						
SUBTOTAL of Receipts This Page (or	l ntional)					1		75(0.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		ategory of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC				
A. Full Name (Last, First, Middle Initial) Mailing Address 1301 S. Perking	State Zip Code	Ð	Date of Receipt 07 / 15 / 2011 Transaction ID : SA11AI.15496		
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78501 C Occupation physicain Aggregate Year-to-Date	▼ 2800.00	Amount of Each Receipt this Period 400.00 contribution		
B. Full Name (Last, First, Middle Initial) Mailing Address 1301 S. Perking	State Zip Code	9	Date of Receipt		
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation		Amount of Each Receipt this Period 400.00 contribution		
selfemployed Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date	▼ 3200.00			
Full Name (Last, First, Middle Initial) C. Gustavo Ramos Mailing Address 1301 S. Perking City	State Zip Code TX 78501	9	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15930 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.				
selfemployed Receipt For:	physicain Aggregate Year-to-Date	▼ 3600.00]		
SUBTOTAL of Receipts This Page (optional	 ۱)		1200.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of Detailed Summary Pa	age X 11a 11b 11c 12		
		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE				
A. Full Name (Last, First, Middle Initial) Mailing Address 1301 S. Perking		Date of Receipt		
City mcallen	State Zip Code TX 78501	10 14 2011 Transaction ID : SA11AI.16148 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed	Occupation physicain	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400	0.00		
Full Name (Last, First, Middle Initial) B. Gustavo Ramos	Date of Receipt			
Mailing Address 1301 S. Perking	M M / D D / Y Y Y Y 11 10 2011			
City	State Zip Code	Transaction ID : SA11AI.16371		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed	Occupation physicain	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400	0.00		
Full Name (Last, First, Middle Initial) C. Gustavo Ramos		Date of Receipt		
Mailing Address 1301 S. Perking	Mailing Address 1301 S. Perking			
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16603 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation			
selfemployed	physicain			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480	0.00		
SUBTOTAL of Receipts This Page (opt	onal)			

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC	
Full Name (Last, First, Middle Initial) A. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 350.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City	State Zip Code	Date of Receipt
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78539 C Occupation private investor	Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 3213 Lance Lot Lane	State Zip Code TX 78539	Date of Receipt 09 2011 Transaction ID : SA11AI.15932
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation private investor Aggregate Year-to-Date ▼ 450.00	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 REC	EIPTS

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-	11k		12	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma the name and a	ny not be sold or used by any p ddress of any political committe	Derson f	13 or the licit cor	urpose purpose	e of solicitin ns from suc	g contribu	17 Itions tee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA								
Full Name (Last, First, Middle Initial) A. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inver Aggregate			10 Trans	action t of Eac		his Period	
Full Name (Last, First, Middle Initial) B. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate			11 Trans	t of Eac	ot 10 ID : SA11AI ch Receipt t	his Period	
Full Name (Last, First, Middle Initial) C. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼		Zip Code 78539		12 Trans	action t of Eac		his Period	
SUBTOTAL of Receipts This Page (optiona	l)						150	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17		
Any information copied from such Reports or for commercial purposes, other than using				or the		pose of	fsoliciting	g contrib		IS	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-										
Full Name (Last, First, Middle Initial) Ms Soraya Rangel Mailing Address 2010 S. Cynthia Ste 110 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation private inve				sact	09		his Perio			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		225.00]								
B. Ms Soraya Rangel Mailing Address 2010 S. Cynthia Ste 110 City	State	Zip Code		Date o M M 10 Trans	/	14		2011 16151	Y		
McAllen FEC ID number of contributing federal political committee.	С	TX 78503					Receipt th	his Perio	od 25.00		
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inver Aggregate		contribution								
C. Full Name (Last, First, Middle Initial) Mailing Address 2010 S. Cynthia Ste 110				Date o	/	10		2011	Y		
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TX C Occupation private inve Aggregate				t of	Each F	: SA11AI Receipt th	his Perio	od 25.00		
SUBTOTAL of Receipts This Page (option	al)							7	5.00	Π	

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

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 2010 S. Cynthia Ste 110 City McAllen	State TX	Zip Code 78503	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Occupation private inve Aggregate		contribution
Full Name (Last, First, Middle Initial) B. R.V. Reddy Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 875.00	Date of Receipt 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 weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 1000.00	Date of Receipt 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 REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		1b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpo				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI									
A. Full Name (Last, First, Middle Initial) Mailing Address 1500 Southland Drive	State TX	Zip Code 78596			/ sactio	09 n ID :			_
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary	Occupation physician Aggregate	Year-to-Date ▼ 1125.00		ontribu					5.00
Full Name (Last, First, Middle Initial) B. R.V. Reddy Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 1250.00			saction t of Ea	14 n ID :		nis Perioo	
Full Name (Last, First, Middle Initial) C. R.V. Reddy Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 1375.00			saction t of Ea	10 n ID :		nis Perioo 12	_
SUBTOTAL of Receipts This Page (optional)			•					375	5.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b	11c		12 16	17	
Any information copied from such Reports a or for commercial purposes, other than usin				for the		rpose (of soliciti	ng con	ntribut	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-									
Full Name (Last, First, Middle Initial) A. R.V. Reddy Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78596			sac:	tion ID f Each		20 1.1660)7	
selfemployed Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00]							
B. Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite 7				Date o	f R	· ·	D /	20 ⁴	Y 11	Y
City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78503		Trans		tion ID	: SA11A Receipt	1.1593	5	.00
Name of Employer self-employee Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼	CI	ontribu	tion	3				
C. Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite 7		225.00		Date o	_	/ D	D / 4	20 ⁷	Y 11	Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 250.00			it of	f Each	: SA11A Receipt		eriod	.00
SUBTOTAL of Receipts This Page (optional	al)	9 I I 9 I I A I				,	7		175.	00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12		17
Any information copied from such Reports and or for commercial purposes, other than using						f solicitin	g contri	ibuti	ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) A. Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite 7 City Mathematical	State TX	Zip Code 78503		sacti	10 ion ID :	SA11AI		1	Y
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician		ontribu		Each F	Receipt t	nis Peri	iod 25.(00
Full Name (Last, First, Middle Initial) B. Dr. Manuel Reinoso Mailing Address 1400 E Ridge suite 7 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 300.00		sacti	09		his Peri		Y 00
Full Name (Last, First, Middle Initial) C. William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1750.00		sact	15 ion ID :		his Peri		
SUBTOTAL of Receipts This Page (optional)					,		3	00.0)0

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15717 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17	
	y information copied from such Reports and for commercial purposes, other than using t				for the		pose o	f soliciting	g contribu	itions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Α.	Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City	State	Zip Code		Date c	/	10)	2011	Y
	mcallen	TX	78504					: SA11AI. Receipt th		1
	FEC ID number of contributing federal political committee.	С					,).00
	Name of Employer	Occupation	l	c	ontribu	ution				
	selfemployed	physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00]						
	Full Name (Last, First, Middle Initial) William Restrepo				Date c	of Re	ceipt			
	Mailing Address 1117 S. Cynthia				[™] 12	/	09		2011	Y
	City	State	Zip Code		Trans	sacti	on ID :	SA11AI.	16609	
	mcallen	ТХ	78504	·	Amour	nt of	Each I	Receipt th	is Period	l
	FEC ID number of contributing federal political committee.	С		250.00					0.00	
	Name of Employer selfemployed	Occupation physician	I	C(ontribu	tion				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3000.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms Maria J. Rios				Date c	of Re	ceipt			
	Mailing Address P.O. Box 3606				м м 09	/	09		2011	Y
	City McAllen	State TX	Zip Code 78502		Transaction ID : SA11AI.15937 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.0					5.00	
	Name of Employer	Occupation	l	C	ontribu	Jtion				
	selfemployed	private inve	estor							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1						
s	JBTOTAL of Receipts This Page (optional).		,	<u> </u>			7		525	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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435

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC							
selfemployed	State Zip Code TX 78502 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt						
selfemployed	State Zip Code TX 78502 C Occupation Occupation Occupation orivate investor Aggregate Year-to-Date ▼ 275.00 275.00	Date of Receipt						
selfemployed	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt						
SUBTOTAL of Receipts This Page (optional)		75.00						

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

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		Detailed Summary Page		< 11a 13		11b 14	11c	12			
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		ose o					
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL I	PAC										
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing	State Zip C TX 7850			Date of Receipt							
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate Year-to-Da	ate ▼ 1750.00	(contribu	tion	7	T (7)	230	0.00		
Full Name (Last, First, Middle Initial) B. Homero Rivas Mailing Address 100 E. Houston City	State Zip C	ode		Date of	/	18	SA11AI.	2011 15719	Ŷ		
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 7850 C Occupation physician Aggregate Year-to-Da				t of I	-	Receipt th	nis Perioc	1 0.00		
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip C TX 7850 C Occupation physician Aggregate Year-to-Da	1			saction t of I	09 on ID		nis Perioc			
SUBTOTAL of Receipts This Page (optional)						,	- 7	750	0.00		

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any p ng the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
✓ Full Name (Last, First, Middle Initial) A. Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation physician 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		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	11 10 2011 Transaction ID : SA11AI.16379 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2750.00]
Full Name (Last, First, Middle Initial) C. Homero Rivas		Date of Receipt
Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78501 C Occupation physician Aggregate Year-to-Date ▼ 3000.00	Mmm / 09 / 2011 Transaction ID : SA11AI.16611 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (option	nal)	750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page		11a		11b	11c	12	17
	y information copied from such Reports and for commercial purposes, other than using t				for the		pose o	of soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Α.	Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia				Date o		eceipt	D / Y	YY	Ý
	-				07		15	5	2011	
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.15505	
	mcallen	ТХ	78501		Amoun	nt of	Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					9		25	0.00
	Name of Employer	Occupation	1	c	ontribu	ition				
	selfemployed	physcian								
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		1750.00	11						
	Other (specify)		1750.00							
	Full Name (Last, First, Middle Initial) Benjamin Robalino				Date o	of Re	eceipt			
	Mailing Address 1217 S. Cynthia				м м 08	/	18		2011	Y
	City	State	Zip Code			sact		: SA11AI.		
	mcallen	ТХ	78501		Amoun	nt of	Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					7		25	0.00
	Name of Employer	Occupation	1	- c	ontribu	tion				
	selfemployed	physcian								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]						
	Full Name (Last, First, Middle Initial) Benjamin Robalino				Date o	of Re	eceipt			
	Mailing Address 1217 S. Cynthia				м м 09	/	09		2011	Y
	City	State	Zip Code		Tran	sact	tion ID	: SA11AI	.15939	
	mcallen	ТХ	78501		Amoun	nt of	Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					,	7	25	0.00
	Name of Employer	Occupation	1	C	ontribu	ltion				
	selfemployed	physcian								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00							
S	JBTOTAL of Receipts This Page (optional).			•		1	7	7	75(0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of Detailed Summary	
		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16157 Amount of Each Receipt this Period 2500.00 2500.00
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 11 10 2011 Transaction ID : SA11AI.16380 Amount of Each Receipt this Period 250.00 contribution 2750.00
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physcian Aggregate Year-to-Date ▼ 34	Date of Receipt Date of Receipt 12 09 2011 Transaction ID : SA11AI.16612 Amount of Each Receipt this Period 250.00 contribution 3000.00
SUBTOTAL of Receipts This Page (optional)		750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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tor each category of the Detailed Summary Page	X 11a 11b 11c 12
State Zip Code TX 78593	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15506 Amount of Each Receipt this Period 50.00
Occupation private investor Aggregate Year-to-Date ▼ 350.00	contribution
State Zin Code	Date of Receipt
TX 78593 Occupation private investor Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15721 Amount of Each Receipt this Period 50.00 contribution
State Zip Code TX 78593 C Occupation Occupation private investor Aggregate Year-to-Date ▼ 450.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15940 Amount of Each Receipt this Period 50.00 contribution
	Detailed Summary Page s and Statements may not be sold or used by any p sing the name and address of any political committe RAL PAC State Zip Code TX 78593 C Occupation private investor Aggregate Year-to-Date ▼ State Zip Code TX 78593 C 350.00 State Zip Code TX 78593 C 350.00 State Zip Code TX 78593 C 400.00 State Zip Code TX 78593 C 400.00 State Zip Code TX 78593 C 400.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	CEIPIS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17
			y not be sold or used by any p ddress of any political committe		r the	purpose	of solicitin	g contribu	utions
	ITTEE (In Full) EALTH FEDER	AL PAC							
Full Name (Last, Mr. Martin Roo Mailing Address p		State	Zip Code		м м 10		14 14 2 : SA11AI	2011	Ŷ
Santa Rosa FEC ID number o federal political co		C	78593				Receipt t	his Perioc	1 D.00
Name of Employed selfemployed Receipt For: Primary Other (spec	General	Occupation private inve Aggregate	stor Year-to-Date ▼ 500.00		ntribut	ion			
Full Name (Last, B. Mr. Martin Ro Mailing Address F				D	ate of		D / Y 10	2011	Y
City Santa Rosa FEC ID number o federal political co	Ũ	State TX	Zip Code 78593				D : SA11AI Receipt t	his Perioc	1).00
Name of Employed selfemployed Receipt For:		Occupation private inves Aggregate	stor Year-to-Date ▼	cor	ntributi	on			
Full Name (Last, C. Mr. Martin R	First, Middle Initial)	L	, , , , , , , , , , , , , , , , , , , ,	D	ate of	Receipt			
Mailing Address	P.O. Box 662	State	Zip Code	44	^M I2 Trans		09 D : SA11A	2011 . 16613	Ŷ
Santa Rosa FEC ID number o federal political co	0	С	78593				Receipt t	his Perioc	1 0.00
Name of Employed selfemployed Receipt For: Primary Other (spec	General	Occupation private inve Aggregate	stor Year-to-Date ▼ 600.00	co	ntribut	ion			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17
Any information copied from such Report or for commercial purposes, other than u				or the	purpo	ose of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC								
A. Full Name (Last, First, Middle Initial) Mailing Address 109 Condor				Date o		eipt		- Y - Y	Y
				07		15		2011	
City	State	Zip Code		Trans	sactio	n ID :	SA11AI	15507	
mcallen	ТХ	78504	A	Amoun	nt of E	ach F	Receipt th	nis Period	Ł
FEC ID number of contributing federal political committee.	C						3	7	5.00
Name of Employer	Occupation		C0	ontribu	ition				
self-employed	private inves	stor							
Receipt For:	Aggregate `	Year-to-Date ▼							
Primary General		525.00	11						
Other (specify)		525.00	4						
Full Name (Last, First, Middle Initial) B. Paulette Saca				Date o	of Rec	eipt			
Mailing Address 109 Condor				м м 08	/	18		2011	Y
City	State	Zip Code		Trans	sactio	n ID :	SA11AI.	15722	
mcallen	ТХ	78504	A	Amoun	nt of E	ach F	Receipt th	nis Period	Ł
FEC ID number of contributing federal political committee.	C				,			7!	5.00
Name of Employer	Occupation		cc	ontribu	tion				
self-employed	private inves	tor							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]						
Full Name (Last, First, Middle Initial) C. Paulette Saca				Date o	of Rec	eipt			
Mailing Address 109 Condor				м м 09	/	09		у у 2011	Y
City	State	Zip Code		Trans	sactio	n ID :	SA11AI	.15941	
mcallen	ТХ	78504	A	Amoun	nt of E	ach F	Receipt th	nis Period	Ł
FEC ID number of contributing federal political committee.	C				,		9		5.00
Name of Employer	Occupation		C(ontribu	uuon				
self-employed	private inves	stor							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 675.00							
SUBTOTAL of Receipts This Page (opti	onal)							225	5.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12	—		
			y not be sold or used by any p			purpo			g cont			7
	•	-	Idress of any political committe	9 TO SC	DIICIT COI	ntribu	itions	from suc		Imitte	e.	
Full Name (Last, F Paulette Saca Mailing Address 1 City mcallen FEC ID number of federal political con Name of Employed Self-employed Receipt For: Primary Other (speci	09 Condor contributing nmittee.	State TX C Occupation private inves Aggregate	Zip Code 78504 stor r/ear-to-Date ▼ 750.00			/ sactio	14 0n ID :			11 9	00]
Full Name (Last, F Paulette Saca Mailing Address 1 City mcallen FEC ID number of federal political co Name of Employed self-employed Receipt For:	D9 Condor contributing nmittee.	State TX C Occupation private inves Aggregate	Zip Code 78504 tor r/ear-to-Date ▼ 825.00			actio	10 on ID :			1 2	00]
Full Name (Last, F Paulette Sac Mailing Address 1 City mcallen FEC ID number of federal political co Name of Employed Self-employed Receipt For:	a 09 Condor contributing nmittee.	State TX C Occupation private inves Aggregate	Zip Code 78504 stor Year-to-Date ▼ 900.00			/ sactic t of E	09 09			1 4	_]
SUBTOTAL of Rece	ipts This Page (option	al)		•		. ,	,	3		225.0)0	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name (Last, First, Middle Initial) A. Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	State TX C Occupation physician	Zip Code 78574	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15508 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2800.00]
B. Full Name (Last, First, Middle Initial) Mailing Address 2308 Monaco Drive	State	Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee.	С	78574	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 3200.00	contribution
C. Full Name (Last, First, Middle Initial) Mailing Address 2308 Monaco Drive	State	Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX C Occupation physician	210 Code 78574 Year-to-Date ▼ 3600.00	Transaction ID : SA11AI.15942 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optiona	l)		1200.00

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

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

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

FOR LINE NUMBER:

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TEMIZED RECEIPTS	Detailed Summary I		×	-		11b	11c	12		7
Any information copied from such Reports and s or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation Occupation Aggregate Year-to-Date ▼ 40	000.00			sact	12 ion ID		nis Perio		
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78574 C Occupation Physician Aggregate Year-to-Date ▼ 44	00.00			sact	10 ion ID	SA11AI. Receipt th	nis Perio		
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	300.00			sact	09 Each		nis Perio		
SUBTOTAL of Receipts This Page (optional)		····· ►				7	7	120	0.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				for the	purp	ose o	f soliciting	g contrib	utions
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 mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78503	_		sactio	15 on ID :		nis Perio	
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1750.00]	ontribu	Ition				
B. JJ Saenz Mailing Address 2400 S.E. Augusta Square	State	Zip Code		Date o	/	18	3	2011	Y
mcallen FEC ID number of contributing federal political committee.	Allen TX 78503 C ID number of contributing C	78503		Transaction ID : SA11AI.15724 Amount of Each Receipt this Period 250.00 contribution					
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 2000.00		Unindu					
C. Full Name (Last, First, Middle Initial) Mailing Address 2400 S.E. Augusta Square				Date o	f Red	D		Y Y	Y
City mcallen	State TX	Zip Code 78503	09 09 2 Transaction ID : SA11AI.159 Amount of Each Receipt this I						d
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2250.00		contribu		y	- 7		50.00
SUBTOTAL of Receipts This Page (optional).								75(0.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b	11c	12	17		
	ny information copied from such Reports and for commercial purposes, other than using th				or the		pose o	f soliciting	g contribu	utions		
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC										
Α.	Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square				Date o		D		Y Y	Y		
	City mcallen	State TX	Zip Code 78503	10 14 2011 Transaction ID : SA11AI.16161 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7			0.00		
	Name of Employer selfemployed Receipt For:	Occupation physician		C(ontribu	ution						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	1								
в.	Full Name (Last, First, Middle Initial) JJ Saenz	1			Date o	of Re	eceipt					
	Mailing Address 2400 S.E. Augusta Square		11 10 2011									
	City mcallen	State TX	Zip Code 78503		Transaction ID : SA11AI.16384 Amount of Each Receipt this Period 250.00							
	FEC ID number of contributing federal political committee.	С										
	Name of Employer selfemployed	Occupation physician		co	- contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00]								
— C.	Full Name (Last, First, Middle Initial) JJ Saenz				Date o	of Re	eceipt					
-	City Statement S				^M 12	/	09		y y 2011	Y		
			Zip Code 78503	Transaction ID : SA11AI. Amount of Each Receipt th						ł		
	FEC ID number of contributing federal political committee.	С			a sa ƙwila s		7		25	0.00		
	Name of Employer	Occupation			ontribu	Juon	l					
	selfemployed	physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		3000.00									
s	UBTOTAL of Receipts This Page (optional)								750	0.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Α.	Full Name (Last, First, Middle Initial) Larry Safir			Date of Receipt					
	Mailing Address 3300 S. 2nd suite 10	01-1-	The Oak	07 15 2011					
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15510 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer self-employed	Occupation private inve		contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00						
в.	Full Name (Last, First, Middle Initial) Larry Safir	Date of Receipt							
	Mailing Address 3300 S. 2nd suite 10	08 / D D / Y Y Y Y 2011							
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15725 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer self-employed	Occupation private inve		contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00						
<u></u> с.	Full Name (Last, First, Middle Initial) Larry Safir			Date of Receipt					
	Mailing Address 3300 S. 2nd suite 10	01.1	7.0.1	09 / D D / Y Y Y Y Y 2011					
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.15944 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	250.00							
	Name of Employer self-employed	Occupation private inve							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00						
s	UBTOTAL of Receipts This Page (optional)		•	750.00					

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

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	Г	7
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-									
Full Name (Last, First, Middle Initial) A. Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼			sact	14 ion ID : Each F		nis Perio)		
Full Name (Last, First, Middle Initial) B. Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inver Aggregate				sact	10 ion ID :		nis Perio)
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 13 14 15		11c	12	17						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC												
Full Name (Last, First, Middle Initial) A. Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer	State TX C	Zip Code 78504	Date of Receipt Date of Receipt Transaction ID : SA11AI.15511 Amount of Each Receipt this Period contribution										
selfemployed Receipt For: ☐ Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 1750.00]										
B. Full Name (Last, First, Middle Initial) B. Juan Salazar Mailing Address 801 E Nolana Loop	State	Zip Code		м м 08		18		2011 15726	Ŷ				
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX C	78504		Amount of Each Receipt this Period									
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C. Full Name (Last, First, Middle Initial) Mailing Address 801 E Nolana Loop				Date of	f Recei	ipt 09		y y 2011	Ŷ				
City McAllen	State TX	Zip Code 78504					SA11AI . Receipt th	. 15945 nis Period	1				
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 2250.00	C4	ontribu	tion			250	0.00				
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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS	IZED RECEIPTS for each Detailed			-		11b	11c	12						
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Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Zip Code 78504 Year-to-Date ▼ 2500.00			sactio	14 n ID :									
Full Name (Last, First, Middle Initial) B. Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2750.00		Date of Receipt										
Full Name (Last, First, Middle Initial) C. Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3000.00			sactio	09 09		iis Period	0.00					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name (Last, First, Middle Initial) A. Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City State Zip Code Mission TX 78574 FEC ID number of contributing federal political committee. C C Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial) B. Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt Model 18 2011 Transaction ID : SA11AI.15727 Amount of Each Receipt this Period 125.00 125.00					
Full Name (Last, First, Middle Initial) C. Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78574 C Occupation physician Aggregate Year-to-Date ▼ 1125.00	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15946 Amount of Each Receipt this Period 125.00 contribution					
SUBTOTAL of Receipts This Page (optional)		375.00					

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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

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tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
_ PAC	
State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt
State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1375.00	Date of Receipt
State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt MIN / DID / 2011 Transaction ID : SA11AI.16619 Amount of Each Receipt this Period 125.00 contribution
	Detailed Summary Page d Statements may not be sold or used by ar the name and address of any political comm _ PAC State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ C Occupation physician Aggregate Year-to-Date ▼ C C C C C C C C C C C C C

SUBTOTAL of Receipts This Page (optional)	L		7		- 7	_	37	75.00	0
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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Any information copied from such Reports a or for commercial purposes, other than usir						f soliciting	contribu	itions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC										
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investor Aggregate Yea		Date of Receipt Date of Receipt Dot 2011 Transaction ID : SA11AI.15513 Amount of Each Receipt this Period contribution 0								
Full Name (Last, First, Middle Initial) B. Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investor Aggregate Yea	Zip Code 78503 ur-to-Date ▼ 2000.00	Am	08 ansa	of Each						
Full Name (Last, First, Middle Initial) C. Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investor Aggregate Yea		Am	09 ransa	of Each		is Period				
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi							f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Mr. Victor Sanchez Mailing Address P.O. Box 1868 City State Zip Code McAllen TX 78503 FEC ID number of contributing federal political committee. C C Name of Employer Occupation private investor Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼							2011 .16165 his Perio 25	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate				saction nt of	10 0n ID :		his Perio	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				sacti nt of	09 on ID :		his Perio	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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			Detailed Summary Page		K 11a		11b	11c	12						
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL														
<u> </u>	Full Name (Last, First, Middle Initial) Luis San Miguel			Date of Receipt											
	Mailing Address 1912 Fair Oak			07 15 _ 2011 _											
	City	State	Zip Code		Tran	sacti		: SA11AI							
	Mission	ТХ	78574	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		1	00.0)0				
	Name of Employer	Occupation	l	-	contribu	ution									
	Self employed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		700.00	11.											
	Other (specify)		700.00												
в.	Full Name (Last, First, Middle Initial) Luis San Miguel				Date o	of Red	ceipt								
	Mailing Address 1912 Fair Oak				08 18 2011										
	City	State	Zip Code		Trans	sactio	on ID :	SA11AI.							
	Mission	TX 78574						Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C					7		1(0.00	0				
	Name of Employer	Occupation	I	- 0	contribution										
	Self employed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼	-											
	Primary General	55 - 5		11.											
	Other (specify)		800.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Luis San Miguel				Date o	of Red	ceipt								
	Mailing Address 1912 Fair Oak			09 09 2011											
	City	State	Zip Code		Tran	sacti		: SA11AI							
	Mission	ТХ	78574		Amour	nt of I	Each I	Receipt th	nis Perio	bd					
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	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
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FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	nd Statements may not be sold or used by any g the name and address of any political committ	person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC									
Full Name (Last, First, Middle Initial) A. Luis San Miguel Mailing Address 1912 Fair Oak		Date of Receipt								
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.16166								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period								
Name of Employer Self employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution								
Other (specify)	1000.00									
Full Name (Last, First, Middle Initial) B. Luis San Miguel Mailing Address 1000 Estimate										
		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.16389								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00 contribution								
Name of Employer Self employed	Occupation physician									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00									
Full Name (Last, First, Middle Initial) C. Luis San Miguel		Date of Receipt								
Mailing Address 1912 Fair Oak		M M / D D / Y Y Y Y Y 12 09 _2011 _								
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.16621 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ě l									
Name of Employer	Occupation	contribution								
Self employed	physician									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL	PAC															
A. Dr Mail City Mc. FEC fede Nan selfe	Name (Last, First, Middle Initial) Manuel Seas Manuel Seas Manuel Seas Ing Address 5714 N. 6th Street Allen C ID number of contributing eral political committee. The of Employer employed eipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼		A	M N 07 Tran	sac	f Each	15 D:\$	/ Y SA11AI. eccipt th	nis Perio	-	00				
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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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11c

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14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Manuel Seas Α. Date of Receipt Mailing Address 5714 N. 6th Street M M / 10 2011 14 City State Zip Code Transaction ID : SA11AI.16167 ΤХ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Manuel Seas Date of Receipt Mailing Address 5714 N. 6th Street M 11 10 2011 City State Zip Code Transaction ID : SA11AI.16390 McAllen ТΧ 78504 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primarv General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Manuel Seas Date of Receipt Mailing Address 5714 N. 6th Street M = M / D 09 2011 12 City State Zip Code Transaction ID : SA11AI.16622 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12	<u> </u>				
	y information copied from such Reports and for commercial purposes, other than using													
<u> </u>	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556				Date o		ceipt	D / Y	YY	Y				
	City	State TX	Zip Code 78502	10 14 2011 Transaction ID : SA11AI.15992										
	mcallen FEC ID number of contributing federal political committee.	C	76502	Amount of Each Receipt this Period										
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼		contribu	ition								
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	B. Michael Seiba Mailing Address P. O. Box 4556					Date of Receipt 11 10 2011								
	City mcallen	State TX	Zip Code 78502					SA11AL						
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с.	Full Name (Last, First, Middle Initial) Michael Seiba				Date o	of Re	ceipt							
	Mailing Address P. O. Box 4556			12 09 2011										
	City mcallen	State TX	Zip Code 78502					: SA11AI. Receipt th		1				
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	Name of Employer selfemployed	Occupation physician	1	(contribu	ution								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		1b 4	11c	12	17				
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	n Full)											
A. Dr. Samuel Serna Mailing Address 125 E. Co	·		Date	of Rece	eipt	D / Y	YY	Y				
<u></u>	Otata	Zin Oada	07		15		2011					
City McAllen	State TX	Zip Code 78504				: SA11AI.		4				
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Name of Employer	Occupation	1		oution								
self-employee	physician											
Receipt For: Primary Gen Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 700.00]									
Full Name (Last, First, Mid B. Dr. Samuel Serna	dle Initial)		Date	of Rece	eipt							
Mailing Address 125 E. Con	rnell		08		18		2011	Y				
City	State	Zip Code	Transaction ID : SA11AI.15731									
McAllen	ТХ	78504	Amou	unt of E	ach F	Receipt th	is Period	ł				
FEC ID number of contribution federal political committee.	uting C		100.00									
Name of Employer	Occupation	1	contrib	ution								
self-employee	physician											
Receipt For: Primary Gen Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 800.00]									
Full Name (Last, First, Mid C. Dr. Samuel Serna	dle Initial)		Date	of Rece	eipt							
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City McAllen	State TX	Zip Code 78504				: SA11AI. Receipt th		1				
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self-employee	physician											
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SUBTOTAL of Receipts This	Page (optional)						300	0.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF								
Full Name (Last, First, Middle Initial) A. Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (anality)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1000.00		10 Trans	1 saction ID t of Each	4 2 : SA11AI. Receipt th	nis Period	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Samuel Serna Mailing Address 125 E. Cornell		100.00		Date o	f Receipt	D / Y	Y Y	Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1100.00			t of Each	0 : SA11AI. Receipt th	2011 16392	_
Full Name (Last, First, Middle Initial) C. Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1200.00		12 Trans	saction IE t of Each) 2 : SA11AI Receipt th	nis Period	0.00
SUBTOTAL of Receipts This Page (optio	nal)				3	9	300	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		〈 11a		11b	11c	12						
<u> </u>			, ,		13		14	15	16		17				
	ny information copied from such Reports and for commercial purposes, other than using														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC													
Α.	Full Name (Last, First, Middle Initial) Tawhid Shuaib				Date o	of R	eceipt								
	Mailing Address 4000 Burns Drive				м м 07		/ 15		2011		Y				
	City	State	Zip Code					: SA11AI.							
	mcallen	ТХ	78503		Amoun	t o	f Each	Receipt th	nis Perio	bc					
	FEC ID number of contributing federal political committee.	C					,		4(00.0	00				
	Name of Employer	Occupation			contribu	itior	1								
	selfemployed	physician													
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General		0000.00	11.											
	Other (specify)		2800.00												
в.	Full Name (Last, First, Middle Initial) Tawhid Shuaib				Date o	of R	eceipt								
	Mailing Address 4000 Burns Drive				M M		/ 18		2011		Y				
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	15732						
	mcallen	TX	78503		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C					3		4(00.0	00				
	Name of Employer	Occupation		c	ontribu	tion	1								
	selfemployed	physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]											
с.	Full Name (Last, First, Middle Initial) Tawhid Shuaib				Date o	of R	eceipt								
	Mailing Address 4000 Burns Drive				м м 09		/ D 09		2011		Y				
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	.15951	_					
	mcallen	ТХ	78503		Amoun	t o	f Each	Receipt th	nis Perio	bc					
	FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri						400.00							
	Name of Employer	Occupation		- '	contribution										
	selfemployed	physician													
	Receipt For:		Year-to-Date ▼												
	Primary General	33.23.40													
	Other (specify)		3600.00												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7		120	0.00	00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Α.	Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4000.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4400.00	Date of Receipt
С.	Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4800.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16625 Amount of Each Receipt this Period 400.00 contribution
5	UBTOTAL of Receipts This Page (optional)		1200.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12					
	ny information copied from such Reports and for commercial purposes, other than using the				for the	purp	ose o							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
Α.	Full Name (Last, First, Middle Initial) Ms Pamela Sifuentes Mailing Address 1801 Conch Key				Date o	_	ceipt 09		2011	Y				
	City Weslaco	State TX	Zip Code 78596					: SA11AI. Receipt th		1				
	FEC ID number of contributing federal political committee.	С					,	9	2	5.00				
	Name of Employer self-employed Receipt For:	Occupation private inve		C	contribu	ition								
	Primary General Other (specify) ▼		225.00											
в.	Full Name (Last, First, Middle Initial) 3. Ms Pamela Sifuentes						ceipt							
	Mailing Address 1801 Conch Key						10 14 2011							
	City	State	Zip Code		Transaction ID : SA11AI.16170									
	Weslaco	ТХ	78596		Amoun	nt of I	Each I	Receipt th	is Period	1				
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer self-employed	Occupation private inve		c	ontribu									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dennis Slavin				Date o	of Red	ceipt							
	Mailing Address 1501 S. Oklahoma				м м 07	1 /	D 15		2011	Y				
	City weslaco	State TX	Zip Code 78596					: SA11AI. Receipt th		1				
	FEC ID number of contributing federal political committee.		contribu	tion	,	7	50	0.00						
	Name of Employer	Occupation	I	(Juninou	lion								
	selfemployed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00											
s	SUBTOTAL of Receipts This Page (optional)						,		100	.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12		
Any information copied from such Reports a or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-									
A. Dennis Slavin Mailing Address 1501 S. Oklahoma	State TX	Zip Code 78596			/ sact	18 ion ID				
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary General Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 400.00		ontribu		7			0.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 1501 S. Oklahoma	State	Zip Code		Date o 09 Trans	/	09		2011 . 15953	Y	
weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed	C Occupation	78596		Amount of Each Receipt this Period 50.00 contribution						
Receipt For: Primary General Other (specify)	physician Aggregate	Year-to-Date ▼ 450.00]							
Full Name (Last, First, Middle Initial) C. Dennis Slavin Mailing Address 1501 S. Oklahoma	. Dennis Slavin					eceipt 14	1	ү ү 2011	Y	
City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX Occupation physician				t of	Each F	: SA11AI Receipt th	his Period	d 0.00	
☐ Primary ☐ General Other (specify) ▼ SUBTOTAL of Receipts This Page (option		Year-to-Date ▼ 500.00				4		15(0.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

Image# 13962847165		
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 355 OF 4 (check only one) 11a 11a 11b 13 14
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	d Statements may not be sold or used by any p the name and address of any political committee L PAC	
Full Name (Last, First, Middle Initial) A. Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		11 10 / Y Y Y Y Y
City weslaco	StateZip CodeTX78596	Transaction ID : SA11AI.16395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 550.00	<pre>contribution </pre>
Full Name (Last, First, Middle Initial) B. Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City weslaco	StateZip CodeTX78596	Transaction ID : SA11AI.16626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed	C Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
C. Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302		Date of Receipt
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.15954
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer Self employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)			,		,		125	5.00	
				1.1	1.1	1			
TOTAL This Period (last page this line number only)		 	7	 	7		_		_

13

225.00

435

17

Primary

Other (specify)

General

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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435

			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17		
	ny information copied from such Reports and for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL											
Α.	Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Zip Code 78502 stor Year-to-Date ▼ 250.00	contribution									
в.	Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City McAllen	State TX	Zip Code 78502		Date of Receipt							
	FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	C Occupation private inves Aggregate		co	ontribu	tion	A	25.00				
С.	Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate				sact	ion ID Each		his Perio			
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·		<u> </u>			7		7	5.00		

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

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 357 OF (check only one) (check 11a) X 11a 113 14 15 16
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER Full Name (Last, First, Middle Initial)	AL PAC		
A. Joel Solis			Date of Receipt
Mailing Address 405 E. Avocet			07 15 2011
City	State	Zip Code	Transaction ID : SA11AI.15521
Mcallen	ТХ	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		159.35
Name of Employer	Occupation		contribution
self-employed	physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 959.93]
Full Name (Last, First, Middle Initial) 3. Joel Solis			Date of Receipt
Mailing Address 405 E. Avocet			08 18 2011
City Mcallen	State	Zip Code	Transaction ID : SA11AI.15736
	ТХ	78501	Amount of Each Receipt this Period

Mailing Address 405 E. Avocet		M M / D D / Y Y Y Y Y 08 18 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15736
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	129.96
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1089.89	
Full Name (Last, First, Middle Initial)		Date of Receipt

Mailing Address 405 E. Avocet		M M / D D / Y Y Y Y Y 09 09 2011
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15955
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 1237.01	Amount of Each Receipt this Period 147.12 contribution
SUBTOTAL of Receipts This Page (optional).	436.43	
TOTAL This Period (last page this line numb	er only)	

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SCHEDULE A (FEC Form 3X)	Γ					
ITEMIZED RECEIPTS						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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435

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17					
Any information copied from such Reports or for commercial purposes, other than us			erson for	the p	ourpose o	f soliciting	contribu	itions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC												
A. Joel Solis Mailing Address 405 E. Avocet				te of	Receipt	D / Y	YY	Ŷ					
City Mcallen	State TX	Zip Code 78501	Т	10 14 2011 Transaction ID : SA11AI.16173									
FEC ID number of contributing federal political committee.	C		Am	ount	of Each	Receipt th		5.24					
Name of Employer self-employed Receipt For:	Occupation physician		cont	tributio	on								
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1352.25]]									
B. Joel Solis Mailing Address 405 E. Avocet			Da	te of	Receipt		YYY	V					
City	State	Zip Code		11 10 2011 Transaction ID : SA11AI.16397									
Mcallen FEC ID number of contributing federal political committee.	ТХ	78501	Amount of Each R			Receipt th	iis Period 102	_					
Name of Employer self-employed	Occupation physician		cont	- contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1455.23]										
Full Name (Last, First, Middle Initial) C. Joel Solis			Da	te of	Receipt								
Mailing Address 405 E. Avocet							ү 2011	Y					
City Mcallen	State TX	Zip Code 78501				: SA11AI. Receipt th							
FEC ID number of contributing federal political committee.	ů – La – L												
Name of Employer self-employed	Occupation physician		con	contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1565.57	1										
SUBTOTAL of Receipts This Page (option	nal)						328	.56					

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17			
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose o	f soliciting	g contrib	utions			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL												
Α.	Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar				Date o	f Re	eceipt	D / Y	Y Y	Y			
					07		15		2011	_			
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	15522				
	McAllen	ТХ	78502	_	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		40	0.00			
	Name of Employer	Occupation	I	c	ontribu	ition							
	self-employee	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]									
В.	Full Name (Last, First, Middle Initial) Dr. Hector Soto		Date of Receipt										
	Mailing Address 101 South Greenbriar	08 18 _2011											
	City	State	Zip Code		Transaction ID : SA11AI.15737								
	McAllen	ТΧ	78502		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С											
	Name of Employer	Occupation	l	C	ontribu	tion							
	self-employee	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]									
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Hector Soto	1			Date o	of Re	eceipt						
	Mailing Address 101 South Greenbriar				09 09 2011								
	City McAllen	State TX	Zip Code 78502					: SA11AI		d			
	FEC ID number of contributing federal political committee.	С			contribu		7		40	0.00			
	Name of Employer	Name of Employer Occupation											
	self-employee	physician											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		3600.00]									
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		 ▶			7	5	1200	0.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17	
	y information copied from such Reports and for commercial purposes, other than using the				for the		oose o	f soliciting	g contrib	utions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Α.	Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar				Date of Receipt						
	City State Zip Code McAllen TX 78502				Transaction ID : SA11AI.16174						
	McAllen TX 78502				Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			400.00						
	Name of Employer	Occupation		C	ontribu	ition					
	self-employee	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4000.00								
			, , , , , , , , , , , , , , , , , , , ,								
	Full Name (Last, First, Middle Initial) Dr. Hector Soto				Date of Receipt						
	Mailing Address 101 South Greenbriar				11 10 2011						
	City	State	Zip Code		Transaction ID : SA11AI.16398						
	McAllen	TX	78502	·	Amount of Each Receipt this Period 400.00 contribution					d	
	FEC ID number of contributing federal political committee.	С									
	Name of Employer	Occupation		C							
	self-employee	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4400.00								
C.	Full Name (Last, First, Middle Initial) Dr. Hector Soto				Date o	f Re	ceipt				
	Mailing Address 101 South Greenbriar				M N	/	09		2011	Y	
	State Zip Code				Tran	sacti	ion ID	: SA11AI	.16629		
	McAllen TX 78502					t of	Each I	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С			400.00						
	Name of Employer Occupation				ontribu	Ition					
	self-employee	physician			-						
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		4800.00]							
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		 ▶			9	3	1200	0.00	

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:

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			Detailed Summary Page		X 11a		11b	11c		2					
_					13		14	15		6	17				
	ny information copied from such Reports and s for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)	_													
	BORDER HEALTH FEDERAL	PAC													
Α.	Full Name (Last, First, Middle Initial) Dr. Nelson Spinetti			Date o	of Re	eceipt									
	Mailing Address 2707 Cornerstone Blvd														
	City	State	Zip Code	11 10 2011 Transaction ID : SA11AI.16399											
	Edinburg	TX	78539	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					1	, ,		20.	00				
	Name of Employer	Occupation		contribution											
	selfemployed		ee physician												
	Receipt For:														
	Primary General	Ayyreyale	Year-to-Date ▼	11											
	Other (specify)	L	220.00												
в.	Full Name (Last, First, Middle Initial) Dr. Nelson Spinetti				Date o	f Re	eceipt								
	Mailing Address 2707 Cornerstone Blvd				M M	/	09		201 <i>°</i>	Y 1	Y				
	City	State	Zip Code		Trans	sacti	ion ID :	SA11AI.	.16630	,					
	Edinburg	TX	78539		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			20.00										
	Name of Employer	Occupation		contribution											
	selfemployed	self-employ	ee physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Raul Sustaita				Date o	of Re	eceipt								
	Mailing Address 1602 Scobey				м м 09	/	09		201 ⁻		Y				
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.15958	3					
	Donna	TX	78537		Amoun	t of	Each F	Receipt th	nis Per	riod					
	FEC ID number of contributing federal political committee.				7			25.	00						
	Name of Employer	Occupation	l		contribu	ition									
	selfemployed	private inve	estor												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		225.00												
s	UBTOTAL of Receipts This Page (optional)						7	,		65.0)0				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
	nd Statements may not be sold or used by any p g the name and address of any political committe	person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC									
A. Mr. Raul Sustaita Mailing Address 1602 Scobey		Date of Receipt								
City Donna	State Zip Code TX 78537	10 14 2011 Transaction ID : SA11AI.16176 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	25.00								
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution								
B. Full Name (Last, First, Middle Initial) Mr. Raul Sustaita Mailing Address 1602 Scobey		Date of Receipt								
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16400								
Donna FEC ID number of contributing federal political committee.	TX 78537	Amount of Each Receipt this Period								
Name of Employer selfemployed	Occupation private investor	contribution								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00									
Full Name (Last, First, Middle Initial) C. Mr. Raul Sustaita		Date of Receipt								
Mailing Address 1602 Scobey		M M / D D / Y Y Y Y 12 09 2011								
City Donna	StateZip CodeTX78537	Transaction ID : SA11AI.16631 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	25.00								
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 300.00									
SUBTOTAL of Receipts This Page (optiona	I)	75.00								

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

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

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

(check only one)

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	EMIZED RECEIPTS		Detailed Summary Page		×	11a 13		11b 14	11c		12	1 17		
	y information copied from such Reports and for commercial purposes, other than using t					or the		rpose d						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC												
Δ.	Full Name (Last, First, Middle Initial) Alejandro Tey				[Date o	of R	eceipt						
	Mailing Address 3012 Laurie Lane				l	M N					2011	Y		
	City	State	Zip Code				sac		: SA11AI					
	Edinburg	TX	78539	_	_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer	Occupation	contribution											
	Self employed	employed physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		4750.00	11.										
	Other (specify)		1750.00											
в.	Full Name (Last, First, Middle Initial) Alejandro Tey				[Date c	of R	eceipt						
	Mailing Address 3012 Laurie Lane				I	M N		1			011	Y		
	City	State	Zip Code		1	Trans	sact	ion ID	: SA11AI					
	Edinburg	ТХ	78539		A	Amour	nt of	Each	Receipt t	his F	Period			
	FEC ID number of contributing federal political committee.	С								_	250	.00		
	Name of Employer	Occupation	I	contribution										
	Self employed	physician												
	Receipt For:	Aggregate												
	Primary General	33 - 3		11.										
	Other (specify)		2000.00											
— c.	Full Name (Last, First, Middle Initial) Alejandro Tey				[Date c	of R	eceipt						
	Mailing Address 3012 Laurie Lane				I	м м 09		0			011	Y		
	City	State	Zip Code		1	Tran	sac		: SA11A					
	Edinburg	ТХ	78539		A	Amour	nt of	Each	Receipt t	his F	Period			
	FEC ID number of contributing federal political committee.	C						7			250	0.00		
	Name of Employer	Occupation	1	_	C	ontribu	utior	n						
	Self employed	physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General			11.										
	Other (specify)		2250.00											
s	UBTOTAL of Receipts This Page (optional).			 ►				7		-	750	.00		

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

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

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

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c	12	F	
				13		14	15	16		17
Any information copied from such Reports and or for commercial purposes, other than using	the name and a	ay not be sold or used by any pendotress of any political committee	erson e to so	for the licit co	purp ntribi	ose o utions	f soliciting from suc) contrib	ittee	ns).
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC									
Full Name (Last, First, Middle Initial) Alejandro Tey				Date of	f Red	ceipt				
Mailing Address 3012 Laurie Lane	Otata	7. 0.4		м м 10		D 14		2011		
City Edinburg	State TX	Zip Code 78539					: SA11AI.			
FEC ID number of contributing federal political committee.	C			Amoun		,	Receipt th		50.00	0
Name of Employer	Occupation	1	c	ontribu	tion					
Self employed	physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
Full Name (Last, First, Middle Initial) B. Alejandro Tey				Date of	f Red	ceipt				
Mailing Address 3012 Laurie Lane				M M	/	10		_ 2011	Y	1
City	State	Zip Code		Trans	actio	on ID :	SA11AI.			
Edinburg	ТХ	78539		Amoun	t of I	Receipt th	nis Perio	bd		
FEC ID number of contributing federal political committee.	С				250.00					
Name of Employer Self employed	Occupation physician	I	C	ontribut	tion					
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		, 2750.00								
Full Name (Last, First, Middle Initial) C. Alejandro Tey				Date of	f Red	ceipt				
Mailing Address 3012 Laurie Lane				м м 12	/	D 09		2011	Y	1
City Edinburg	State TX	Zip Code 78539					: SA11AI Receipt th			
FEC ID number of contributing federal political committee.	С					7		2	50.0	0
Name of Employer	Occupation	l	c	ontribu	tion					
Self employed	physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00								
SUBTOTAL of Receipts This Page (optional)		•				,	- 7	75	50.00)

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

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

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

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	
Any information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson f	13 for the	purp	14 ose o	15 f soliciting	g cont	16 tributio	0ns
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F		doress of any political committee	0 50	ilicit cor	ומוזרוסנ	utions	from suc	n com	imitte	e
Full Name (Last, First, Middle Initial) A. Jose Trejo Mailing Address 112 S. Broadway City mcallen	State TX	Zip Code 78501			/ actio	15 on ID :			11 6	Ŷ
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation private inver Aggregate		- c	ontribut	tion	y			250.0)0
Full Name (Last, First, Middle Initial) B. Jose Trejo Mailing Address 112 S. Broadway City	State	Zip Code		Date of	/	18		201 15741		Ŷ
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX C Occupation private inves Aggregate	78501			t of E		Receipt th	nis Pe		10
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				/ actio t of E	09 on ID			1 0	00
SUBTOTAL of Receipts This Page (optional)						,			750.0	0

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

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

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

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	EMIZED RECEIPTS		Detailed Summary Page		X	11a 13		11b	11c		12	17	
Any infor or for co	mation copied from such Reports and mmercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p uddress of any political committed	erson e to s	n fo soli	or the	pur	pose c	15 of solicitin from suc	g cont	16 tributi nmitte	ions	
	OF COMMITTEE (In Full) RDER HEALTH FEDERAI	L PAC											
	ame (Last, First, Middle Initial) • Trejo				D	Date c	of Re	eceipt					
	g Address 112 S. Broadway				ľ	M N 10	/	D 14		201		Y	
City		State	Zip Code		2		sact		· : SA11AI				
mcalle	en	ТХ	78501		Amount of Each Receipt this Period								
	D number of contributing I political committee.	C			l			7	- 7		250.	00	
Name	of Employer	Occupation	1	\neg	co	ontribu	ition						
self-er	nployed	private inve	estor										
	ot For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify)		2500.00										
Full N B. Jose	ame (Last, First, Middle Initial)				Г	Date c	f Re	eceint					
	g Address 112 S. Broadway				ľ	M N		D 1(_201		Y	
City		State	Zip Code	Transaction ID : SA11AI.16402									
mcalle	en	ТХ	78501		Amount of Each Receipt this Period								
	D number of contributing I political committee.	C			l			7			250.0	00	
Name	of Employer		со	ntribu	tion								
self-er	nployed												
Receip	ot For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify) ▼		2750.00	4									
Full N C. Jos	ame (Last, First, Middle Initial) e Trejo				D	Date c	of Re	eceipt					
Mailing	g Address 112 S. Broadway				ſ	M N	/	0		_201		Y	
City		State	Zip Code	\neg	2	_	sact		: SA11AI				
mcall	en	ТХ	78501		А	mour	t of	Each	Receipt t	his Pe	riod		
	D number of contributing I political committee.	C			l			7	- 7		250.	00	
Name	of Employer	\neg	СС	ontribu	ition								
self-er	mployed	private inve	estor										
Receip	pt For:	Aggregate	Year-to-Date ▼	—									
	Primary General			1									
	Other (specify)		3000.00										
SUBTO	TAL of Receipts This Page (optional))	▶	ļ			7		-	750.0	00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 9123 1st Street			Date of Receipt
City McAllen	State TX	Zip Code 78504	07 15 2011 Transaction ID : SA11AI.15528 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 700.00	<pre> contribution]</pre>
Full Name (Last, First, Middle Initial) B. Dr. Krishna Turlapati Mailing Address 9123 1st Street			Date of Receipt
City McAllen	State TX	Zip Code 78504	08 18 2011 Transaction ID : SA11AI.15743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 800.00	1
Full Name (Last, First, Middle Initial) C. Dr. Krishna Turlapati			Date of Receipt
Mailing Address 9123 1st Street			M = M / D = D / Y = Y = Y Y O Y Y Y = Y Y
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.15962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		
selfemployed Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 900.00]
SUBTOTAL of Receipts This Page (optional	al)		300.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Dr. Krishna Turlapati Mailing Address 9123 1st Street			Date of Receipt M = M / D = D / Y = Y = Y = Y 10 14 2011
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.16180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1000.00	contribution
B. Dr. Krishna Turlapati Mailing Address 9123 1st Street			Date of Receipt
City	State	Zip Code	11 10 2011 Transaction ID : SA11AI.16404
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer selfemployed	Occupation physician		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) C. Dr. Krishna Turlapati			Date of Receipt
Mailing Address 9123 1st Street			M M / D D / Y Y Y Y Y 12 09 2011
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.16635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation		contribution
selfemployed	physician		
Receipt For:	Aggregate `	Year-to-Date ▼	
Other (specify)		1200.00]
SUBTOTAL of Receipts This Page (optional)			300.00

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

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

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

(check only one)

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	EMIZED RECEIPTS	Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and for commercial purposes, other than using the	I Statements may not be sold or u	sed by any period	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
<u> </u>	Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			07 15 _ 2011
	City	State Zip Code		Transaction ID : SA11AI.15529
	mcallen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		
	self-employed	physician		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General			
	Other (specify)		1750.00	
B	Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			
				08 18 _2011 _
	City	State Zip Code		Transaction ID : SA11AI.15744
	mcallen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		- contribution
	self-employed	physician		
	Receipt For:	Aggregate Year-to-Date ▼		—
	Primary General			
	Other (specify)		2000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Susan Turley			Date of Receipt
	Mailing Address 312 Thunderbird			09 09 _2011 _
	City	State Zip Code		Transaction ID : SA11AI.15963
	mcallen	TX 78504		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
				contribution
	Name of Employer	Occupation		
	self-employed	physician		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		2250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			person for th	ne purpose	of soliciting	contribut	tions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial) A. Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2500.00	10 Tra) 1 nsaction ID unt of Each	4) : SA11AI.		
Full Name (Last, First, Middle Initial) B. Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2750.00	11 Trai	1 1 nsaction ID unt of Each			
Full Name (Last, First, Middle Initial) C. Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 3000.00	12 Tra	2 0 nsaction ID unt of Each)9) : SA11AI.		
federal political committee. Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼ 3000.00	contrit				250 750.

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1750.0	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15530 Amount of Each Receipt this Period 250.00 contribution 00
Full Name (Last, First, Middle Initial) B. Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2000.0	Date of Receipt Date of Receipt 08 18 2011 Transaction ID : SA11AI.15745 Amount of Each Receipt this Period 250.00 contribution 00
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 2250.0	Date of Receipt Date of Receipt Og 09 09 2011 Transaction ID : SA11AI.15964 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

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 2750.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3000.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16637 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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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by a name and address of any political com	13 14 15 16 17 any person for the purpose of soliciting contributions amittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F		
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 700.0	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15531 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 800.0	Date of Receipt Date of Receipt N N D D D D D D D D D D D
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78572 C Occupation Occupation physician Aggregate Year-to-Date ▼ 900.0	Date of Receipt 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 REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a		11b 14	11c		2 6	17				
	ny information copied from such Reports an for commercial purposes, other than using							f soliciting							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC													
Α.					Date c	of Re	eceipt								
	Mailing Address 2302 Red River Drive				10	1 /	D 14		201	Y 1	Y				
	City Mission	State TX	Zip Code 78572				-	SA11AI Receipt tl							
	FEC ID number of contributing federal political committee.	C					7			100.0	00				
	Name of Employer selfemployed	Occupation physician		c	ontribu	ution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
B.	Full Name (Last, First, Middle Initial) Dr. Theresa Valladares				Date of Receipt										
	Mailing Address 2302 Red River Drive		11 10 2011												
	City Mission	State TX	Zip Code 78572		Transaction ID : SA11AI.16407 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			100.00										
	Name of Employer selfemployed	Occupation physician		C0	ontribu	tion									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00												
— c.	Full Name (Last, First, Middle Initial) Dr. Theresa Valladares				Date c	of Re	eceipt								
	Mailing Address 2302 Red River Drive	12 09 _2011 _													
	City Mission	State TX	Zip Code 78572					: SA11AI Receipt tl							
	FEC ID number of contributing federal political committee.	С					7			100.	00				
	Name of Employer	Occupation		C	ontribu	ution									
	selfemployed Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00												
	Other (specify) ▼		<u></u>			_				300.0	00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	name and address of any political committe									
	PAC	Date of Receipt								
		Date of Receipt								
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 1750.00	Mmm / 2011 Transaction ID : SA11AI.15439 Amount of Each Receipt this Period 250.00 contribution								
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City	State Zip Code	Date of Receipt								
rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 250.00 contribution								
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	Name (Last, First, Middle Initial) Se Vasquez ng Address 2548 Palm Circle grande city TX 78582 ID number of contributing ral political committee. e of Employer ophysician physician									
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 2250.00	750.00								

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78582 C Occupation Object Occupation physician Aggregate Year-to-Date ▼ 2500.0	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16184 Amount of Each Receipt this Period 250.00 contribution 00
Full Name (Last, First, Middle Initial) B. Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee.	Date of Receipt 11 10 2011 Transaction ID : SA11AI.16408 Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2750.0	contribution
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 3000.	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16639 Amount of Each Receipt this Period 250.00 contribution 00
SUBTOTAL of Receipts This Page (optional))	750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use for e Deta
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	

separate schedule(s) each category of the illed Summary Page

FOR LINE NUMBER:

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TIEWIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12 16	<u> </u>	17	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	erson f e to so	for the	pur ntrit	pose o	f solicitir	ig co ch co	ntribut	ions		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC											
A. Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B				Date o	f Re	eceipt	D /	Y Y	Y	Y		
City McAllen	State TX	07 15 2011 Transaction ID : SA11AI.15532 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer selfemployed Receipt For:	Occupation physician	C	ontribu	ition								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	1									
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B				Date o	f Re	eceipt		Y Y	Ý	Y		
City	State		08 18 2011 Transaction ID : SA11AI.15748									
McAllen FEC ID number of contributing federal political committee.	С	78503		Amount of Each Receipt this Period								
Name of Employer selfemployed	Occupation physician		C0	- contribution								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00										
Full Name (Last, First, Middle Initial) C. Dr. Efraim Vela						eceipt						
Mailing Address 100 E. Ridge Road #B		09 09 2011										
City McAllen	State TX	Zip Code 78503					: SA11A Receipt 1					
FEC ID number of contributing federal political committee.		250.00										
Name of Employer selfemployed	Occupation physician			ontribe		I						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00]									
SUBTOTAL of Receipts This Page (optiona	l)				1				750.	00	1	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			Detailed Summary Page		< 11a 13		11b 14	11c		12 16		17									
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any p ddress of any political committe	erson e to so	for the	pur pontrik	pose o	of solicitin	g co ch cơ	ntribut	tions										
	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	. PAC																			
Α.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B				Date of	of Re	eceipt			2011	Y										
	CityStateZip CodeMcAllenTX78503						10 14 2011 Transaction ID : SA11AI.16185 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С		contribution																	
	Name of Employer selfemployed Receipt For:	nployed physician																			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	1																	
В.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela				Date of																
	Mailing Address 100 E. Ridge Road #B		11 10 2011 Transaction ID : SA11AI.16409																		
	McAllen	State TX	Zip Code 78503																		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period																
	Name of Employer selfemployed	Occupation physician		c	ontribu	ition															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00]																	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Efraim Vela				Date of	of Re	eceipt														
	Mailing Address 100 E. Ridge Road #B	12 09 2011																			
	City McAllen	State TX	Zip Code 78503					: SA11AI Receipt t													
	FEC ID number of contributing federal political committee.	s a l										250.00									
	Name of Employer	Occupation			contrib	ution	1														
	selfemployed	physician																			
	Receipt For: Primary General	Aggregate	Year-to-Date V																		
	Other (specify)		3000.00																		
s	UBTOTAL of Receipts This Page (optional).									750.	00	٦									

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78580 stor Year-to-Date ▼ 350.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78580 stor Year-to-Date ▼ 400.00	Date of Receipt M M / Y
Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez Mailing Address Rt 2 Box 658 City Raymondville FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78580 stor Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER			
Full Name (Last, First, Middle Initial) A. Mr. Rolando Velazquez			Date of Receipt
Mailing Address Rt 2 Box 658			10 14 Y Y Y Y Y
City Raymondville	State TX	Zip Code 78580	Transaction ID : SA11AI.16186
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	contribution
selfemployed	private inve	stor	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
		7	4
Full Name (Last, First, Middle Initial) B. Mr. Rolando Velazquez			Date of Receipt
Mailing Address Rt 2 Box 658			11 10 / Y Y Y Y 2011
City	State TX	Zip Code	Transaction ID : SA11AI.16410
Raymondville		78580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer	Occupation	I	contribution
selfemployed	private inve	stor	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	1
Full Name (Last, First, Middle Initial) C. Mr. Rolando Velazquez			Date of Receipt
Mailing Address Rt 2 Box 658			M M / D D / Y Y Y Y Y 12 09 2011
City	State TX	Zip Code	Transaction ID : SA11AI.16641
Raymondville FEC ID number of contributing	C	78580	Amount of Each Receipt this Period
federal political committee.	0		contribution
Name of Employer	Occupation		
selfemployed	private inve	stor	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1
		17 I I 17 I I 18 I	150.00
SUBTOTAL of Receipts This Page (option	onal)		130.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any	y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation Occupation Aggregate Year-to-Date ▼ 2800.00 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 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation physician 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) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation Occupation Aggregate Year-to-Date ▼ 3600.00 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)		1200.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF				
Full Name (Last, First, Middle Initial) A. Ramiro Verdoreen Mailing Address 301 E. Newport			Date of Receipt	
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.16187 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		400.00	
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 4000.00	<pre>contribution </pre>	
B. Full Name (Last, First, Middle Initial) Mailing Address 301 E. Newport			Date of Receipt	
City	State	Zip Code	11 102011 Transaction ID : SA11AI.16411	
mcallen FEC ID number of contributing federal political committee.	С	78501	Amount of Each Receipt this Period	
Name of Employer selfemployed	Occupation physician		contribution	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4400.00]	
Full Name (Last, First, Middle Initial) C. Ramiro Verdoreen			Date of Receipt	
Mailing Address 301 E. Newport			M M / D D / Y Y Y Y 12 09 2011	
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.16642 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		400.00	
Name of Employer selfemployed Receipt For:	Occupation physician	Year-to-Date ▼	contribution	
Primary General Other (specify) ▼		4800.00	1	
SUBTOTAL of Receipts This Page (optio	nal)		1200.00	٦

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEIMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b 14	11c			17
				for the		oose of	f solicitin	g contri	buti	ons
	AL PAC									
D. Box 1632	State TX C Occupation physician Aggregate	Zip Code 78573 Year-to-Date ▼ 875.00		07 Trans Amour	sacti nt of	15 on ID :	SA11AI	2011 .15535 his Peri	od	00
	State	Zip Code		08 Trans	sacti	18 0n ID :	SA11AI	2011 . 15751		Y
General	Occupation physician					Each F	Receipt t)0
D. Box 1632	State TX C Occupation physician Aggregate	Zip Code 78573 Year-to-Date ▼ 1125.00		09 Tran Amour	sacti nt of	09 on ID	: SA11A	2011 .15970 his Peri	od	
	from such Reports obses, other than usin TEE (In Full) ALTH FEDER st, Middle Initial) D. Box 1632 ontributing nittee. General General General General C. Box 1632 ontributing nittee. General General General General General General General General General General General	from such Reports and Statements ma ases, other than using the name and ad TEE (In Full) ALTH FEDERAL PAC st, Middle Initial) D. Box 1632 C C C C C C C C C C C C C	Detailed Summary Page from such Reports and Statements may not be sold or used by any places, other than using the name and address of any political committee TEE (In Full) ALTH FEDERAL PAC st, Middle Initial) D. Box 1632 State Zip Code TX 78573 ontributing C Image: Comparison of the second	Detailed Summary Page ▲ from such Reports and Statements may not be sold or used by any person isses, other than using the name and address of any political committee to so TFEE (In Full) ALTH FEDERAL PAC st, Middle Initial) D. Box 1632 C Occupation physician Aggregate Year-to-Date ▼ C Occupation physician Qeneral C Occupation physician Aggregate Year-to-Date ▼ General Qeregate Year-to-Date ▼ General C Occupation physician Aggregate Year-to-Date ▼ C Occupation physician Aggregate Year-to-Date ▼ General Aggregate Year-to-Date ▼ Occupation physician Aggregate Year-to-Date ▼ Occupation physician Aggregate Year-to-Date ▼ Occupation physician Aggregate Year-to-Date ▼ Occupation physician Aggregate Year-to-Date ▼	Detailed Summary Page 11a 13 from such Reports and Statements may not be sold or used by any person for the see, other than using the name and address of any political committee to solicit co TEE (In Full) ALTH FEDERAL PAC st, Middle Initial) Date of 07 D. Box 1632 07 Ontributing nittee. C Occupation physician Aggregate Year-to-Date ▼ General Aggregate Year-to-Date ▼ Occupation physician 000,00 Aggregate Year-to-Date ▼ 08 General Aggregate Year-to-Date ▼ General Aggregate Year-to-Date ▼ Occupation physician 1000,00 st, Middle Initial) Date of 07 D. Box 1632 08 Tx 78573 Ontributing nittee. 0ccupation physician Aggregate Year-to-Date ▼ 09 State Zip Code TX 78573 Tran Amour Occupation physician 0cother Aggregate Year-to-Date ▼ 09 General C 09 General Aggregate Year-to-Date ▼ 09 General Aggregate Year	Detailed Summary Page X 11a intermediation in the purposes, other than using the name and address of any political committee to solicit contribution Date of Re intermediation in the purposes, other than using the name and address of any political committee to solicit contribution Date of Re intermediation in the purposes, other than using the name and address of any political committee to solicit contribution Date of Re intermediation in the purpose	Detailed Summary Page 11a 11b 14 from such Reports and Statements may not be sold or used by any person for the purpose or see, other than using the name and address of any political committee to solicit contributions Test purpose or solicit contributions TEE (In Full) ALTH FEDERAL PAC Date of Receipt at, Middle Initial) Date of Receipt 07 015 Dottributing C 11a 10a 07 015 ontributing C 11a 10a 07 015 ontributing C 11a 10a 07 015 ontributing C 11a 10a 01a 01a <td>Detailed Summary Page X 11a 11b 11c from such Reports and Statements may not be sold or used by any person for the purpose of solicitin sec. The first solicit contributions from suc TEE (in Ful) ALTH FEDERAL PAC st, Middle Initial) D. Box 1632 Date of Receipt Occupation physician Agregate Year-to-Date ▼ General Agregate Year-to-Date ▼ Occupation physician Agregate Year-to-Date ▼ General Agregate Year-to-Date ▼ Occupation physician Aggregate Year-to-Date ▼ Occupation physici</td> <td>Detailed Suminary Page 11a 11b 11c 11c</td> <td>Detailed Summary Page X 11a 11b 11c 12 from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee term from such commitee term from such committee term from such committee te</td>	Detailed Summary Page X 11a 11b 11c from such Reports and Statements may not be sold or used by any person for the purpose of solicitin sec. The first solicit contributions from suc TEE (in Ful) ALTH FEDERAL PAC st, Middle Initial) D. Box 1632 Date of Receipt Occupation physician Agregate Year-to-Date ▼ General Agregate Year-to-Date ▼ Occupation physician Agregate Year-to-Date ▼ General Agregate Year-to-Date ▼ Occupation physician Aggregate Year-to-Date ▼ Occupation physici	Detailed Suminary Page 11a 11b 11c 11c	Detailed Summary Page X 11a 11b 11c 12 from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee term from such commitee term from such committee term from such committee te

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

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

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

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		X	11a 13		11b 14	11c		12	1 7
Any or fo	information copied from such Reports and S r commercial purposes, other than using the	tatements ma name and a	y not be sold or used by an ddress of any political comm	y person	n fo sol	or the	pur pur	pose c	15 of solicitin from suc	g co ch cr	16 16 16 16	l 17 tions ee.
N N	AME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F											
	ull Name (Last, First, Middle Initial) Carlos Villalta				Г)ate o	of Be	eceipt				
	ailing Address P. O. Box 1632				ľ	M N	/	D			Y 1	Y
C	ity	State	Zip Code		ł		sact	14 tion ID	+ : SA11AI		011 88	
	nission	ТХ	78573		A				Receipt t			
	EC ID number of contributing deral political committee.	С			l			7	7		125	.00
N	ame of Employer	Occupation			СС	ontribu	ution					
Se	elfemployed	physician										
R	eceipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3		- L								
	Other (specify)		1250.00									
	ull Name (Last, First, Middle Initial) Carlos Villalta				г)ato (of B	eceipt				
	ailing Address P. O. Box 1632					M = N		D	D (Y	V	Y	V
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C	ity	State	Zip Code		2		sact		- : SA11AI			
n	nission	ТΧ	78573						Receipt th			
	EC ID number of contributing deral political committee.	С			l			,			125.	.00
N	ame of Employer	Occupation			со	ntribu	ition					
se	elfemployed	physician										
R	eceipt For:		Year-to-Date ▼									
[Primary General	riggiogato		- L								
	Other (specify)	L	1375.00									
	ull Name (Last, First, Middle Initial) Carlos Villalta					Date o	of Re	eceipt				
	ailing Address P. O. Box 1632				ľ	M 12		0			0 <u>1</u> 1	Y
C	ity	State	Zip Code		ľ		sact		。 :SA11AI			
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F	EC ID number of contributing				÷.					-		
fe	deral political committee.	C			CC	ontrib	ution	7	7	_	125	
N	ame of Employer	Occupation										
	elfemployed	physician										
R	eceipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 1500.00									
SUI	STOTAL of Receipts This Page (optional)				[-		7		-	375.	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA		
Full Name (Last, First, Middle Initial) A. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 962.38	Date of Receipt
Full Name (Last, First, Middle Initial) B. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 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 mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1240.17	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15971 Amount of Each Receipt this Period 147.50 contribution
SUBTOTAL of Receipts This Page (optional)	► 437.55

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	_		1b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using t						se o					
Full Name (Last, First, Middle Initial) A. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1355.71	Date of Receipt								
Full Name (Last, First, Middle Initial) B. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1458.96			saction at of Ea	10 10 1 ID :					
Full Name (Last, First, Middle Initial) C. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1569.58			saction saction t of Ea	09 n ID		iis Period	0.62		
SUBTOTAL of Receipts This Page (optional)								329	.41		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any ing the name and address of any political committed and the sold of	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF		
A. Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing	State Zip Code TX 78577	Date of Receipt
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 786.79	contribution
B. Full Name (Last, First, Middle Initial) Mailing Address 901 W. Moore	State Zip Code	Date of Receipt
pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 893.31	Amount of Each Receipt this Period 106.52 contribution
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 09 09 2011 Transaction ID : SA11AI.15972 Amount of Each Receipt this Period 120.58 contribution

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		or each category of the Detailed Summary Page	×	1		11b	11c	12	—				
Any information copied from such Repo or for commercial purposes, other than					purpo								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE													
A. Victor Villarreal Mailing Address 901 W. Moore				Date o	f Rece	eipt	D / Y	YY	Y				
			44	10		14		2011					
City	State TX	Zip Code 78577					SA11AI						
pharr	IA	10011	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C				,			9	4.46				
Name of Employer	Occupation		co	ontribu	ition								
selfemployed	physician												
Receipt For:	Aggregate Yea	r-to-Date ▼											
Primary General		1100.25	11										
Other (specify)		1108.35											
Full Name (Last, First, Middle Initial) B. Victor Villarreal			D	Date o	f Rece	eipt							
Mailing Address 901 W. Moore	Mailing Address 901 W. Moore				M M / D D / Y Y Y Y Y 11 10 _2011 _								
City	State	State Zip Code				Transaction ID : SA11AI.16414							
pharr	ТХ	78577	Amount of Each Receipt this Per						d				
FEC ID number of contributing federal political committee.	C								4.41				
Name of Employer	Occupation		co	ntribu	tion								
selfemployed	physician												
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1192.76]										
Full Name (Last, First, Middle Initial) C. Victor Villarreal			C	Date o	f Rece	eipt							
Mailing Address 901 W. Moore				м м 12	/	09		2011	Y				
City	State	Zip Code		Trans	sactio	n ID :	: SA11AI	.16645					
pharr	ТХ	78577	A	moun	t of E	ach F	Receipt th	nis Perio	d				
FEC ID number of contributing federal political committee.	C						5	9	0.44				
Name of Employer	Occupation		contribution										
selfemployed	physician												
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1283.20]										
SUBTOTAL of Receipts This Page (op	tional)						7	26	9.31				

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
A. Full Name (Last, First, Middle Initial) Mailing Address 1017 south 1st City mcallen	State TX	Zip Code 78502	Date of Receipt						
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period 150.00 contribution						
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 1050.00							
B. Full Name (Last, First, Middle Initial) Mailing Address 1017 south 1st		Date of Receipt							
City mcallen	State TX	Zip Code 78502	08 18 2011 Transaction ID : SA11AI.15754 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer	Occupation		150.00						
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 1200.00							
Full Name (Last, First, Middle Initial) C. Roger Vitko			Date of Receipt						
Mailing Address 1017 south 1st	Ctoto	Zin Code	09 / 09 / 2011						
City mcallen	State TX	Zip Code 78502	Transaction ID : SA11AI.15973 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s a l								
Name of Employer	Occupation		contribution						
self-employed Receipt For:	Aggregate	Year-to-Date ▼ 1350.00							
SUBTOTAL of Receipts This Page (optional))		450.00						

TOTAL This Period (last page this line number only)..... 1 9 1 9 1 1 9 1 1 M

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

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

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ITEMIZED RECEIPTS			Detailed Summ		×	-		11b	11c		12	<u> </u>
Ar	y information copied from such Reports and St	atements ma	ly not be sold or i	used by any pe	rson f	13 or the	pur	14 pose of	15 f soliciting	g coi	16 ntributi	17 ons
or	for commercial purposes, other than using the	name and a	ddress of any poli	tical committee	to so	licit co	ntrib	outions	from suc	h co	mmitte	e.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name (Last, First, Middle Initial) Roger Vitko				[Date o	f Re	eceipt				
	Mailing Address 1017 south 1st					м м 10	/	14			011	Y
	City	State	Zip Code			Trans	sacti	ion ID :	SA11AI	1619	91	
	mcallen	ТХ	78502		_ /	Amoun	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С						,	7		150.0	00
	Name of Employer	Occupation			C(ontribu	tion					
	self-employed	physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General			1500.00								
	Other (specify)		9 9	1500.00								
B	Full Name (Last, First, Middle Initial) Roger Vitko					Date o	f Ro	acaint				
υ.	Mailing Address 1017 south 1st				- '					v	Y	V
						11	ľ	10)11	1
	City	State	Zip Code			Trans	acti	ion ID :	SA11AI.			
	mcallen	ТХ	78502		/	Amoun	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С						7			150.0	00
	Name of Employer	Occupation			cc	ontribut	tion					
	self-employed	physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General	· · · ·		1650.00								
	Other (specify)		3	1030.00								
c.	Full Name (Last, First, Middle Initial) Roger Vitko				[Date o	f Re	eceipt				
	Mailing Address 1017 south 1st					м м 12	/	09)11	Y
	City	State	Zip Code			Trans	sact	ion ID :	SA11AI	.166	46	
	mcallen	ТХ	78502		/	Amoun	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С						7	7		150.	00
Name of Employer Oc						ontribu	tion					
	self-employed	physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼			1800.00								
			7 7	1000100								
s	UBTOTAL of Receipts This Page (optional)			····· •				7			450.0	00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	17			
Any information copied from such Reports a or for commercial purposes, other than using				for the	purpose	of soliciting	g contribu	utions			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC										
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow	State TX C Occupation private inve Aggregate	Zip Code 78504 stor Year-to-Date ▼ 1750.00	Date of Receipt Date of Receipt O7 15 2011 Transaction ID : SA11AI.15539 Amount of Each Receipt this Period 250.00 contribution 00								
Full Name (Last, First, Middle Initial) B. Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State TX C Occupation private inves	Zip Code 78504	c	Y 1 0.00							
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Raymond Walker Mailing Address 1117 Shallow	Aggregate Aggregate TX C Occupation private inve	Year-to-Date ▼ 2000.00 Zip Code 78504		09 Trans	saction II t of Each		nis Period	1 0.00			
SUBTOTAL of Receipts This Page (optiona	l)					7	750	.00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13	11b	11c	12	17	
	y information copied from such Reports ar for commercial purposes, other than using			erson fo	r the	purpose	of soliciting	g contribu	itions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name (Last, First, Middle Initial) A. Raymond Walker Mailing Address 1117 Shallow apt 4				_	ate of M M 10		D / Y 14	2011	Ŷ	
	City State Zip Code mcallen TX 78504						D : SA11AI			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
	Name of Employer self-employed Receipt For:	Occupation private inve Aggregate		contribution						
	Primary General Other (specify) ▼		2500.00]						
в.	Full Name (Last, First, Middle Initial) Raymond Walker			Da	ate of	Receipt				
	Mailing Address 1117 Shallow apt 4					11 10 Y Y Y Y 2011				
	City mcallen	State TX	Zip Code 78504		Transaction ID : SA11AI.16416 Amount of Each Receipt this Period 250.00 contribution					
	FEC ID number of contributing federal political committee.	С							_	
	Name of Employer self-employed	Occupation private inve		cor						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00]						
<u> </u>	Full Name (Last, First, Middle Initial) Raymond Walker			Di	ate of	Receipt				
	Mailing Address 1117 Shallow apt 4		м м 12		D / Y 09	2011	Y			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.16647 Amount of Each Receipt this Period					 	
	FEC ID number of contributing federal political committee.	250.00								
	Name of Employer	Occupation	1	COI	ntribut	ION				
	self-employed	private inve	estor							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		3000.00							
s	UBTOTAL of Receipts This Page (optional)						750	.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions the to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt 07 15 2011 Transaction ID : SA11AI.15540 Amount of Each Receipt this Period 144.36				
Name of Employer self-employed Receipt For: Primary General Other (specify) V	Occupation private inve Aggregate						
Full Name (Last, First, Middle Initial) B. James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt 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 mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt 09 09 2011 Transaction ID : SA11AI.15975 Amount of Each Receipt this Period 133.28 contribution				
SUBTOTAL of Receipts This Page (optional))		395.37				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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116			for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose o	of soliciting	g contribu	itions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I									
A.	Full Name (Last, First, Middle Initial) James Webb				Date o	of Re	ceipt			
	Mailing Address 312 Redbud						D 14		2011	Y
	CityStateZip CodemcallenTX78504							: SA11AI. Receipt th		1
	FEC ID number of contributing federal political committee.	С					,		104	4.40
	Name of Employer self-employed	Occupation private inve	stor	(contribu	ition				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1225.03]						
	Full Name (Last, First, Middle Initial) James Webb				Date o	of Re	ceipt			
Ma	Mailing Address 312 Redbud				1,1 1,0 2011					
	City	State	Zip Code					: SA11AI.		
		ТХ	78504		Amour	nt of	Each	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С			93.30				3.30	
	Name of Employer self-employed	Occupation private invest	stor	c						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 1318.33							
<u>с</u> .	Full Name (Last, First, Middle Initial) James Webb				Date c	of Re	ceipt			
	Mailing Address 312 Redbud						D 09		2011	Y
	City mcallen	State TX	Zip Code 78504					: SA11AI . Receipt th		1
	FEC ID number of contributing federal political committee.	С			contribu		,		99	9.96
	Name of Employer Occupation									
	self-employed	private inve	stor							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1418.29							
s	JBTOTAL of Receipts This Page (optional)				_		7		297	.66

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

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b	11c 12 15 16 17	
	y information copied from such Reports a for commercial purposes, other than using			rson for the purpose of s	soliciting contributions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-				
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande			Zip Code	Date of Receipt	/ Y Y Y Y Y 2011	
	City mission	Transaction ID : SA11AI.15541 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	Occupation		- contribution	100.00	
	selfemployed Receipt For: Primary General Other (specify) ▼	physician	Year-to-Date ▼ 700.00			
B.	Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande	· · · · · · · · · · · · · · · · · · ·		Date of Receipt	2011	
	City	State	Zip Code	Transaction ID : S	d language of the second se	
	mission FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX C Occupation physician	78572	Amount of Each Receipt this Contribution	eceipt this Period	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00			
C.		·		Date of Receipt		
	Mailing Address 111 Rio Grande	State	Zip Code	09 09 09 Transaction ID : S	2011 SA11AI.15976	
	mission	ТХ	78572	Amount of Each Re		
	FEC ID number of contributing federal political committee.		contribution	100.00		
	Name of Employer	Occupation				
	selfemployed	physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00			
s	UBTOTAL of Receipts This Page (optiona	I)		7	300.00	

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

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

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

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ITEMIZED RECEIPTS	Detailed Summary Page					
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by a ing the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 111 Rio Grande	Mailing Address 111 Rio Grande					
City	10 14 2011					
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify)	1000.0	0				
Full Name (Last, First, Middle Initial) B. Patrick Wilcox		Date of Receipt				
Mailing Address 111 Rio Grande		11 10 2011				
City	State Zip Code	Transaction ID : SA11AI.16418				
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify)	1100.00	0				
Full Name (Last, First, Middle Initial) C. Patrick Wilcox		Date of Receipt				
Mailing Address 111 Rio Grande						
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16649				
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify)	1200.0	0				
SUBTOTAL of Receipts This Page (optio	nal)	> 300.00				

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC								
Full Name (Last, First, Middle Initial) A. Subbarrao Yarra			D	ate of	f Rec	eipt			
Mailing Address 6905 N. Cynthia			Ιſ	м м 09	/	09		2011	Y
City	State	Zip Code	-	Trans	actio	on ID :	SA11AL	15977	
McAllen	ТХ	78504	Ar	mount	t of E	Each F	Receipt th	is Period	ł
FEC ID number of contributing federal political committee.	С				. ,		7	200	0.00
Name of Employer	Occupation		coi	ntribut	tion				
Self-employed	physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	, iggi oguto		11.1						
Other (specify)		400.00							
Full Name (Last, First, Middle Initial) B. Subbarrao Yarra									
			_	ate of	Rec	•			
Mailing Address 6905				м м 10	/	14		2011	Y
N. Cynthia	State	Zip Code			actio		SA11AI.		
McAllen	ТХ	78504					Receipt th		1
FEC ID number of contributing federal political committee.	С						10001pt 11		0.00
Name of Employer	Occupation		— cor	ntribut	ion				
Self-employed	physician								
Receipt For:		Vaar ta Data 🗮							
Primary General	Aggregale	Year-to-Date ▼							
Other (specify)		, 600.00							
Full Name (Last, First, Middle Initial) C. Subbarrao Yarra			Di	ate of	f Rec	eipt			
Mailing Address 6905				M = M	/	D	D / Y	Y Y	Y
N. Cynthia				11		10		2011	_
City	State	Zip Code		Trans	actic	on ID :	SA11AI.	16419	
McAllen	ТХ	78504	Ar	mount	t of E	ach F	Receipt th	is Period	ł
FEC ID number of contributing federal political committee.	С							200	0.00
Name of Employer	Occupation		CO	ntribu	tion				
Self-employed	physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.1						
Other (specify)		800.00	1						
SUBTOTAL of Receipts This Page (optio	nal)							600).00
				+					

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13 14 15 16 17 hy person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
L PAC	
State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 12 09 2011 Transaction ID : SA11AI.16650 Amount of Each Receipt this Period 200.00 contribution
	Date of Receipt 07 15 _2011 _
TX 78504	Transaction ID : SA11AI.15542 Amount of Each Receipt this Period
Occupation physician Aggregate Year-to-Date ▼ 1750.00	contribution
	Date of Receipt
State Zip Code TX 78504	M M M M M M Y
Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00 State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ Occupation 1750.00 Physician 1750.00 State Zip Code TX 78504 C 1750.00 State Zip Code TX 78504 C 0ccupation physician 4ggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ ■

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA		
selfemployed	State Zip Code TX 78504 C Occupation Physician Aggregate Year-to-Date ▼ 2250.00	Date of Receipt
selfemployed	State Zip Code TX 78504 C Occupation Obysician 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
selfemployed	State Zip Code TX 78504 C Occupation Physician Aggregate Year-to-Date ▼ 2750.00 2750.00	Date of Receipt Transaction ID : SA11AI.16420 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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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each categor Detailed Summa		X	11a 13		11b 14	11c	12	17
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78504 C Occupation Occupation Aggregate Year-to-Date ▼	3000.00			sactic	09 09		nis Perioc	
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	2800.00	A		t of E	15 on ID :		nis Perioc	
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78504 C Occupation Occupation Aggregate Year-to-Date ▼	3200.00			/ saction t of E	18 200 ID		nis Perioc	_
SUBTOTAL of Receipts This Page (optional)		••••••				,		1050).00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	nd Statements may not be sold or used by any the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Hugo Zapata Mailing Address 316 Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15979 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 3600.00	contribution
B. Hugo Zapata Mailing Address 316 Xenops	·	Date of Receipt
		10 14 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16197
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) C. Hugo Zapata		Date of Receipt
Mailing Address 316 Xenops		M M / D D / Y Y Y Y 11 10 2011
City mcallen	StateZip CodeTX78504	Transaction ID : SA11AI.16421 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	1
		1200.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 402 OF

435

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any point the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		
Full Name (Last, First, Middle Initial) A. Hugo Zapata Mailing Address 316 Xenops		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16652
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
selfemployed	physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4800.00	
	1 1 1 1	
Full Name (Last, First, Middle Initial) B. Dr. Livania Zavala-Spinetti		Date of Receipt
Mailing Address 109 E Cornell		M = M / D = D / Y = Y = Y Y 09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15980
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	225.00	
Full Name (Last, First, Middle Initial) C. Dr. Livania Zavala-Spinetti		Date of Receipt
Mailing Address 109 E Cornell		10 14 2011
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.16198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	al)	450.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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435

		11a		11b 14	11c	12	17							
			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL														
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti Mailing Address 109 E Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	_ <u> </u>	Zip Code 78502 ree physician Year-to-Date ▼ 275.00			sact	10 ion ID		nis Perioc						
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti Mailing Address 109 E Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	· ·	Zip Code 78502 ee physician Year-to-Date ▼ 300.00			sacti	09 ion ID		nis Perioc	y J 5.00					
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78539 Year-to-Date ▼ 525.00			sact	ion ID Each I		nis Perioc	_					
SUBTOTAL of Receipts This Page (optional)								125	5.00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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435

TIEMIZED RECEIPTS	for each category of t Detailed Summary Pa	
		y any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER		
Full Name (Last, First, Middle Initial) A. Dr. Fuad Zayed Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Date of Receipt 08 18 2011 Transaction ID : SA11AI.15761 Amount of Each Receipt this Period
FLO ID Humber of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 600	
B. Full Name (Last, First, Middle Initial) Mailing Address 1425 Sweet Lane	State Zip Code	Date of Receipt
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 675	Amount of Each Receipt this Period 75.00 5.00
Full Name (Last, First, Middle Initial) C. Dr. Fuad Zayed Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 0, 756	Date of Receipt Date of Receipt 10 14 2011 Transaction ID : SA11AI.16199 Amount of Each Receipt this Period 75.00 contribution 0.00
SUBTOTAL of Receipts This Page (option	al)	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER:

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PAGE 405 OF

435

			Detailed Summary Page	< 11a 13		11b	11c		12 16	17	
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	ny not be sold or used by any pe	erson	for the	pur	pose c	of solicitin	g co	ntribut	ions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P										
Α.	Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane			_	Date o		eceipt	D / Y	Y	Ŷ	Y
	City	State	Zip Code	_	11		10			011	_
	Edinburg	TX	78539					: SA11AI Receipt tl			
	FEC ID number of contributing federal political committee.	С					7			75.	00
	Name of Employer selfemployed	Occupation physician		c	ontribu	ition					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 825.00								
в.	Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane				Date o		eceipt	D / Y	Y	Y	Y
	City	State	Zip Code	_	12 Trans	sact	09 ion ID	9 : SA11AI		011 54	
	Edinburg FEC ID number of contributing federal political committee.	С	78539		Amoun	it of	Each	Receipt t	nis F	Period 75.	00
	Name of Employer selfemployed	Occupation physician		c	ontribu	tion					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00								
С.	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt				
	Mailing Address				M	/	D	D / Y	Y	Y	Y
	City	State	Zip Code		Amoun	it of	Each	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С					,	7			
	Name of Employer	Occupation									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)		······	•			7		_	150.	00
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S	CHEDULE B (FEC Form 3X)										P۸	GE 406	OF 435				
	EMIZED DISBURSEMENTS	Use separate schedule(s			ne ni Snly o	UMBER: one)						<u>-</u>					
••		for each category of the Detailed Summary Page			(2	· ·	22		23	Γ	24	25	26				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	`															
٨	Full Name (Last, First, Middle Initial)						Date of	f Dia	eburec	- m	ont						
А.	Ms Eliza Alvardo																
	Mailing Address 1303 W. Kiwi #4						07 / 18 / 2011										
	City	State Zip Code					_										
	Pharr	TX 78577	Transaction ID : SB21B.16659														
	Purpose of Disbursement contract services - salary expenditure				Amount of Each Disbursement this Perio												
	Candidate Name		4 🗆	001		Ц.	Amount	t of	Each	D	isburse	ment this	Period				
			C	Catego Type					,		,	499	92.11				
	Office Sought: House Disburser																
	Senate President	Primary General Other (specify)															
	State: District:																
_	Full Name (Last, First, Middle Initial)																
В.	Ms Eliza Alvardo						Date of	f Dis	sburse	em	nent						
							M M	/	D	D		Y Y Y	Y				
	Mailing Address 1303 W. Kiwi #4						07		2	20	1	2011	_				
	5	State Zip Code					Trans	act	ion ID):	SB21B	.16660					
	Pharr Purpose of Disbursement	TX 78577								-							
	phone/IT services			001	1	11.	Amount	t of	Fach	D	isburse	ment this	Period				
	Candidate Name					11.											
				atego Type			L.		,			2	94.17				
	Office Sought: House Disburser	ment For:	- 1														
	Senate	Primary General															
	President	Other (specify)															
_	State: District:					_											
С	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo						Date of	f Die	shurse	-me	nent						
Ο.	IVIS EIIZA AIVAIUU								D			/ Y Y	V				
	Mailing Address 1303 W. Kiwi #4						07	1		29		2011	- T				
	5	State Zip Code					Trans	act	ion ID):	SB21B	.16664					
	Pharr Purpose of Disbursement	TX 78577	_														
	contract services - salary expenditure		IГ	001		11	Amount	t of	Fach	П	liebureo	ment this	Period				
	Candidate Name		C	Catego		1	Amoun		Lacii		isbuise		92.12				
	Office Sought: House Disburser	ment For		Туре	e	-		-	7	-			<u></u>				
	Senate	Primary General															
	President	Other (specify)															
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S	CHEDULE B (FEC Form 3X)		F	OR	LINE I	NUI	MBER:				PA	GE 40	7 OF	435		
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\setminus	NAME OF COMMITTEE (In Full)															
	BORDER HEALTH FEDERAL PAG	5														
Α.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo					ſ	Date of	f Dis	sburse	eme	ent					
							M M									
	Mailing Address 1303 W. Kiwi #4					08 12 2011										
	City Pharr	State Zip Code TX 78577				Transaction ID : SB21B.16674										
	Purpose of Disbursement	_														
	contract services - salary expenditure	C	001		A	Amount	t of	Each	Di	sburser	nent th	is Per	riod			
	Candidate Name		Cat T	egoi ype	ry/				,		- 7	4	992.12	2		
	Office Sought: House Disburse Senate President	Primary General														
	State: District:	Other (specify)														
	Full Name (Last, First, Middle Initial)															
В.	Ms Eliza Alvardo					[Date of	f Dis	sburse		ent	Y	vv			
	Mailing Address 1303 W. Kiwi #4						08	Í		26	Ĺ	2017				
	Pharr	State Zip Code TX 78577				Transaction ID : SB21B.16689										
	Purpose of Disbursement contract services - salary expenditure		(001		Amount of Each Disbursement this Period								riod		
	Candidate Name		Cate T	egoi ype	ry/				,			4	992.12	2		
	Office Sought: House Disburse	nent For: Primary General														
	President	Other (specify)														
	State: District:															
C.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo					[Date of	f Dis			ent					
	Mailing Address 1303 W. Kiwi #4						09	/	0	6	/ Y	2011				
	City Pharr	State Zip Code TX 78577					Trans	acti	ion ID): 5	SB21B.	16694				
	Purpose of Disbursement phone/IT services			01												
	Candidate Name		Cat)01 egoi ype			Amount	t of	Each	Di	sburser		is Pei 380.02	-		
	Office Sought: House Disburse	ment For:		71					9		7					
	Senate President	Primary General														
	State: District:	Other (specify)														
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	`																		
	BORDER HEALTH FEDERAL PAC																			
Δ	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo						Date of	f Die	shurse	m	nent									
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	Mailing Address 1303 W. Kiwi #4					09 09 2011														
	City	State Zip Code					_													
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	Purpose of Disbursement contract services - salary expenditure				-					_										
	Candidate Name		[001	_		Amount	t of	Each	D	isburse	ment this	Period							
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	Office Sought: House Disburser																			
	Senate President	Primary General Other (specify)																		
	State: District:	Other (specify)																		
_	Full Name (Last, First, Middle Initial)																			
В.	Ms Eliza Alvardo						Date of	f Dis	sburse	em	nent									
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	Mailing Address 1303 W. Kiwi #4									10 07 2011										
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	Pharr	TX 78577				Transaction ID : SB21B.16706														
	Purpose of Disbursement contract services - salary expenditure		IΓ	001		Amount of Each Disbursement this Period														
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	Office Sought: House Disburser	ment For:																		
	Senate	Primary General																		
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<u> </u>	Full Name (Last, First, Middle Initial)						Date of	f Di	oburoc		ont									
С.	Ms Eliza Alvardo												_							
	Mailing Address 1303 W. Kiwi #4						м м 10		2	1		2011	Y							
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	City	State Zip Code					Trans	act			SB21B	16712								
	Pharr	TX 78577					Trans	aci		· ·	30210	.10/12								
	Purpose of Disbursement contract services - salary expenditure			004		11.														
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	Senate	Primary General																		
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	BORDER HEALTH FEDERAL PAG	,															
٨	Full Name (Last, First, Middle Initial)						Dat	·	f Dia	sburse	~m	aont					
А.	Ms Eliza Alvardo									D			YY				
	Mailing Address 1303 W. Kiwi #4			2011													
	City	State Zip Code															
	Pharr				Transaction ID : SB21B.16724												
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	Senate	Primary Gene	eral														
	State: District:	Other (specify)															
	Full Name (Last, First, Middle Initial)																
в.	Ms Eliza Alvardo						Da	e of	f Dis	sburse	em	nent					
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	Mailing Address 1303 W. Kiwi #4							11			22		2011				
	City	State Zip Code					-										
	Pharr	TX 78577					I	rans	act	ion IL):	SB21E	3.16732				
	Purpose of Disbursement contract services - salary expenditure			0	01		Amount of Each Disbursement this Period										
	Candidate Name		1	Cate	non												
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	Office Sought: House Disburser																
	Senate	Primary Gene	eral														
	State: District:	Other (specify)															
_	Full Name (Last, First, Middle Initial)																
C.	Ms Eliza Alvardo						Da	e of	f Dis	sburse	em	nent					
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					MBER:				PA	GE 4	10 O	F 435			
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	ny information copied from such Reports and State for commercial purposes, other than using the name																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C															
Α.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo					[Date of	Dis	sburse			Ý	Y	Y			
	Mailing Address 1303 W. Kiwi #4						12			19		201					
	City Pharr Purpose of Disbursement	State Zip Code TX 78577				Transaction ID : SB21B.16747											
	contract services - salary expenditure	C	01	1 Amount of Each Disbursement this Period													
	Candidate Name		Cate	egoi ype					7	2	7	Ę	5305.	97			
	Office Sought: House Disburse Senate President Image: Senate	ment For: Primary General Other (specify) ▼															
_	State: District:																
В.	Full Name (Last, First, Middle Initial)					[Date of	Dis	sburse		_	Ŷ	Y	Y			
	Mailing Address P.O. Box 930170					10 13 2011											
	City Dallas Purpose of Disbursement	State Zip Code TX 75393					Transaction ID : SB21B.16710										
	telephone land lines expenditure		C	001		A	Amount	of	Each	Di	isburser	nent t	his P	eriod			
	Candidate Name		Cate	egoi ype					,		7		479.	49			
	Senate President	ment For: Primary General Other (specify) ▼															
	State: District:																
C.	Full Name (Last, First, Middle Initial)					[Date of	Dis	sburse			Y	V	V			
	Mailing Address P.O. Box 930170						11	Í		16		201					
	City Dallas	State Zip Code TX 75393					Trans	acti	ion ID	D:	SB21B.	16725	5				
	Purpose of Disbursement telephone land lines expenditure		C	01			Amount	of	Fach	Di	isburser	nent t	his P	eriod			
	Candidate Name		Cate	egoi ype									234.				
	Senate President	ment For: Primary General Other (specify) ▼															
	State: District:							_									
⊢	CUBTOTAL of Disbursements This Page (optional).							_	7			6	6020.2	21			
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S	CHEDULE B (FEC Form 3X)			F	OR		NUMBE	R:			P/	AGE	411	OF 435				
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar					/ perso	n for tl	ne pu	rpos	se o	f soliciti	ng c	ontribu	tions				
$ \rangle$	NAME OF COMMITTEE (In Full)	•																
/	BORDER HEALTH FEDERAL PAG																	
<u>ٽ</u>	Full Name (Last, First, Middle Initial) Cameo Parking Systems Inc						Date	of D	isbu	irsei	ment							
	Mailing Address 1311 E. Hackberry Avenue						12 / D D / Y Y Y Y 12 16 2011											
	City McAllen	State TX	Zip Code 78501				Transaction ID : SB21B.16739											
	Purpose of Disbursement In-Kind contribution - dewhurst - senate			C	003	Amount of Each Disbursement this Pe												
	Candidate Name DAVID H DEWHURST			Cate T	egoi ype	ry/												
		ment For: Primary Other (spe	General						,									
	State: TX District: 00 Full Name (Last, First, Middle Initial)																	
В.	CopyPlus							-	_		ment	V		N/				
	Mailing Address 4500 N. 10th suite 240					09 / 06 / Y Y Y Y 2011												
	McAllen	State TX	Zip Code 78504				Tra	nsac	tion	ID	: SB21E	8.166	93					
	Purpose of Disbursement offices supplies & furniture/fixtures			C	001		Amount of Each Disbursement this F											
	Candidate Name			Cate T	egoi ype	ry/	С		,	1			19	5.44				
	Senate President	ment For: Primary Other (spe	General cify) ▼															
_	State: District: Full Name (Last, First, Middle Initial)																	
C.	Ms Sandra Escamilla						Date			irsei	ment		(Y					
	Mailing Address 1418 Quince						0			15			011					
	City McAllen	State TX	Zip Code 78504				Tra	nsac	tion	ID	: SB21E	8.166	58					
	Purpose of Disbursement contract services - salary expenditure				01													
	Candidate Name			Cate	-		Amo	unt o	t Ea	ch	Disburse	emen	it this	_				
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼															
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⊢	UBTOTAL of Disbursements This Page (optional).						H	-	7	-		-	2345	5.69				
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S	CHEDULE B (FEC Form 3X)	[FOR	2 1 1		UMBER				PA	GE 412	OF 435
	EMIZED DISBURSEMENTS	Use separate schedule		-		only o	-	•					2. 100
		for each category of the Detailed Summary Pag		>	X 2	21b 27	22 28a		23 28b		24 28c	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	~											
	BORDER HEALTH FEDERAL PAG												
Δ.	Full Name (Last, First, Middle Initial) Ms Sandra Escamilla						Date o	f Di	sburse	eme	ent		
<i>/</i>	INS Sanura Escarrilla						M M	_	D			YY	Y
	Mailing Address 1418 Quince						07			29	Ľ	2011	
	City S McAllen	State Zip Code TX 78504					Trans	sact	ion ID) : S	6B21B.	16666	
	Purpose of Disbursement contract services - salary expenditure												
	Candidate Name		46	001		- 1	Amoun	t of	Each	Dis	sburser	nent this	Period
			C	ateg Typ		/	L.		7		7	4	52.57
	Office Sought: House Disburser	ment For: Primary General	I										
	President	Other (specify)											
	State: District:												
-	Full Name (Last, First, Middle Initial)												
В.	Ms Sandra Escamilla						Date o	_					
	Mailing Address 1418 Quince						08		D (08	/ Y	2011	Y
	McAllen	State Zip Code TX 78504					Trans	sact	ion IE):S	SB21B.	16673	
	Purpose of Disbursement contract services - salary expenditure			00	1		Amoun	t of	Each	Dis	sburser	nent this	Period
	Candidate Name		C	ateg Typ		/			,		,	2	61.81
	Office Sought: House Disburser	ment For: Primary General											
	President	Other (specify)	1										
	State: District:												
<u>с</u> .	Full Name (Last, First, Middle Initial)						Date o	f Di	sburse	eme	ent		
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	Mailing Address 1418 Quince						08		1	5	I L	2011	
	City S McAllen	StateZip CodeTX78504					Trans	sact	ion IC) : S	6B21B.	16679	
	Purpose of Disbursement mileage expenditure												
	Candidate Name		C	001 ateg Typ	jory/	/	Amoun	t of	Each	Dis	sburser	nent this	Period 21.01
	Office Sought: House Disburser	ment For:		٩٤י					7	-	- 7		<u> </u>
	Senate	Primary General	I										
	President	Other (specify)											
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\square	NAME OF COMMITTEE (In Full)													
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А.	Ms Sandra Escamilla								sburs			Y Y		
	Mailing Address 1418 Quince						08			26		201		Y
	City McAllen	State Zip Code TX 78504					Trar	isact	ion ID):	SB21B	.16691	I	
	Purpose of Disbursement contract services - salary expenditure			~ 1						_				
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			Cate Ty	egoi ype			L.		7				658	20
	Senate	ment For: Primary General												
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_	Full Name (Last, First, Middle Initial)					+								
В.	Ms Sandra Escamilla								sburs					_
	Mailing Address 1418 Quince						09		D	09		20		Y
	City McAllen	State Zip Code TX 78504					Trai	nsac	tion II) :	SB21B	.16698	3	
	Purpose of Disbursement contract services - salary expenditure		C	01			Amou	nt of	Fach		Disburse	ment t	this F	Period
	Candidate Name		Cate	egoi /pe						1			788	.67
	Office Sought: House Disburse	ment For:		/					/		,			
	Senate	Primary General												
	State: District:	Other (specify)												
с.	Full Name (Last, First, Middle Initial) Ms Sandra Escamilla						Date	of Di	sburs	en	nent			
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	Mailing Address 1418 Quince						10	_	(07		201	11	
	City McAllen	State Zip Code TX 78504					Trai	nsac	tion IE) :	SB21B	.16708	3	
	Purpose of Disbursement contract services - salary expenditure			-										
	Candidate Name		Cate				Amou	nt of	Each		Disburse	ment t	this F	
	Office Sought: House Disburse	ment For:	1)	ype		-	-		7		- 7	-		_
	Senate	Primary General												
	President	Other (specify)												
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional).								3	2			2170.	43
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S	CHEDULE B (FEC Form 3X)			<u></u>			<u> </u>			PACE	414	OF 435
	EMIZED DISBURSEMENTS	Use separate schedule(s)		-	LINE N k only	IUMBEF one)	1:		l	TAGE		
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or	for commercial purposes, other than using the nar	ne and address of any polition	cal con	nmitt	tee to	solicit co	ontrik	outions	s from	such c	commit	tee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
/	BORDER HEALTH FEDERAL PAG	;										
<u> </u>	Full Name (Last, First, Middle Initial)											
Α.	Ms Sandra Escamilla					Date	of Di	sburse	ement			
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	Mailing Address 1418 Quince					10		2	21	2	2011	
	City	State Zip Code										
	McAllen	TX 78504				Tran	sact	ion ID) : SB2	1B.167	713	
	Purpose of Disbursement		1	-								
	contract services - salary expenditure		C	01	_	Amou	nt of	Each	Disbu	rsemer	nt this	Period
	Candidate Name			egor	y/						78	3.80
	Office Sought: House Disburser	nent For:	1	уре				7		7		
	Senate	Primary General										
	President	Other (specify)										
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Р	Full Name (Last, First, Middle Initial)					Data		- 1				
В.	Ms Sandra Escamilla					Date of						
	Mailing Address 1418 Quince					11)4		y y 2011	Y
		State Zip Code				Tran	sact	tion IE) : SB2	21B.167	722	
	McAllen Purpose of Disbursement	TX 78504										
	contract services - salary expenditure		C	001		Amou	nt of	Each	Disbu	rsemer	nt this	Period
	Candidate Name			egor	×/							
				ype	y/			7	_	7	72	3.55
	Office Sought: House Disburser											
	Senate	Primary General										
	State: District:	Other (specify)										
_	Full Name (Last, First, Middle Initial)											
C.	Ms Sandra Escamilla					Date of	of Di	sburse	ement			
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	Mailing Address 1418 Quince					11		1	8	2	2011	
	City	State Zip Code										
	McAllen	TX 78504				Tran	sact	tion ID) : SB2	21B.167	726	
	Purpose of Disbursement		-	-								
	contract services - salary expenditure		C	01		Amou	nt of	Each	Disbu	rsemer	nt this	Period
	Candidate Name			egor	y/						137	5.95
	Office Sought: House Disburser	nent For	Ē	ype				7		7		
	Senate	Primary General										
	President	Other (specify)										
	State: District:											
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s	UBTOTAL of Disbursements This Page (optional)							7		7	2888	5.30
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S	CHEDULE B (FEC Form 3X)			<u>י סר</u>					[PAGE	415	OF 435
	EMIZED DISBURSEMENTS	Use separate schedule(s)			INE N only a	UMBER one)			l	AUL	-15 (
• •		for each category of the Detailed Summary Page	· · ·	X		22		23	2	24	25	26
		Detailed Summary Page			27	28a		28b	2	.8c	29	30b
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or	for commercial purposes, other than using the nar	ne and address of any politica	al com	mitte	ee to s	solicit co	ontrik	outions	s from	such c	ommit	tee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_										
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<u> </u>	Full Name (Last, First, Middle Initial)											
Α.	Ms Sandra Escamilla					Date c	of Di	sburse	ement			
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	Mailing Address 1418 Quince					12		C)2	2	2011	
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	City	State Zip Code TX 78504				Trans	sact	ion ID	: SB2	1B.167	42	
	Purpose of Disbursement	10004	_	_	_							
	contract services - salary expenditure		0	01		Amour	nt of	Each	Disbu	rsemen	it this	Period
	Candidate Name		Cate	gory	//						1070	06
				vpe j				7		7	1375	5.96
		nent For:										
	Senate President	Primary General Other (specify) ▼										
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	Full Name (Last, First, Middle Initial)											
В.	Ms Sandra Escamilla					Date c	of Di	sburse	ement			
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	Mailing Address 1418 Quince					12			6	2	2011	
	City McAllen	State Zip Code TX 78504				Tran	sact	ion ID) : SB2	1B.167	45	
	Purpose of Disbursement	76504			_							
	contract services - salary expenditure		0	01		Amour	nt of	Each	Disbu	rsemen	it this	Period
	Candidate Name		Cate	aor	//						70	
				vpe		<u> </u>		7	_	7	723	3.56
	5	nent For:										
	Senate	Primary General										
	State: District:	Other (specify)										
_	Full Name (Last, First, Middle Initial)											
C.	Ms Sandra Escamilla					Date c	of Di	sburse	ement			
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	Mailing Address 1418 Quince					12			80		011	
	5	State Zip Code TX 78504				Tran	sact	ion ID) : SB2	1B.167	50	
	McAllen Purpose of Disbursement	TX 78504										
	contract services - salary expenditure		0	01		Amour	nt of	Each	Dishu	rsemen	t this	Period
	Candidate Name		Cate	non	//	Amour		Lacii	Disbu	13emen	11 11 15	renou
				/pe	//	L.,					788	3.78
		nent For:						,				
	Senate	Primary General										
	President	Other (specify)										
_	State: District:											
											2888	30
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)					MBER:				P/	AGE	416	OF 435
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С													
Full Name (Last, First, Middle Initial) A. Girls Scouts of Greater South Text	as					0	Date of	f Dis	sburse			YY	Ý	Y
Mailing Address 1109 W. Nolana #202	0	7. 0. 1					08		1	2		2	011	
City McAllen Purpose of Disbursement	State TX	Zip Code 78501					Trans	acti	ion ID):	SB21E	8.166	78	
donation			0	12		A	Amoun	t of	Each	D	isburse	emen	t this	Period
Candidate Name			Cate Ty	egor /pe	у/				,		,		10000	0.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General ify) ▼												
Full Name (Last, First, Middle Initial) B. Hope Family Health Center Clinic Mailing Address 2332 Jordan						[Date of	f Dis	D		/		:011	Y
City	State	Zip Code												
McAllen Purpose of Disbursement	ТХ	78503					Trans	sact	ion ID):	SB21E	3.166	84	
donation Candidate Name			Cate)12 egor /pe	ry/	A	Amoun	t of	Each	D	lisburse	emen	t this 500	_
Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General ify) ▼												
Full Name (Last, First, Middle Initial) C. Internal Revenue Services						[Date of	f Dis						
Mailing Address 324 25th Street							м м 07	/	2	29	/		011	Y
City Odgen	State UT	Zip Code 84401					Trans	sact	ion ID):	SB21E	8.166	67	
Purpose of Disbursement quarterly tax deposit - IRS Candidate Name			Cate	01 egor ype	ry/	A	Amoun	t of	Each	D	isburse	emen	t this 10012	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General ify) ▼		, 20					7		7			
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	y information copied from such Reports and Sta for commercial purposes, other than using the n														
\square	NAME OF COMMITTEE (In Full)	_													
	BORDER HEALTH FEDERAL PA	AC													
<u>د</u>	Full Name (Last, First, Middle Initial)							Date of	f Dis	sburse	eme	ent			
	Mailing Address 324 25th Street						1	м м	/	2	29	/ Y) 011	Y
		01-1-1	Zia Os da												
	City Odgen	State UT	Zip Code 84401					Trans	acti	ion ID) : S	B21B.	1666	68	
	Purpose of Disbursement quarterly tax deposit - IRS			(001		A	Amoun	t of	Each	Dis	sbursen	nent	this I	Period
	Candidate Name			Cat T	egoi ype	ry/	1							57	.71
	Office Sought: House Disburs	Sement For: Primary	General		<u>, , , , , , , , , , , , , , , , , , , </u>							, , ,			
	State: District:	Other (spe	ciiy) 🔻												
В.	Full Name (Last, First, Middle Initial) Internal Revenue Services						0	Date of	f Di	sburse			Y	Ŷ	Y
	Mailing Address 324 25th Street						l	08			29			011	
	City Odgen	State UT	Zip Code 84401					Trans	sact	ion ID) : S	6B21B.	1669	92	
	Purpose of Disbursement quarterly tax deposit - IRS			(001		Д	Amoun	t of	Fach	Dis	sbursen	nent	this I	Period
	Candidate Name			Cat		ry/				,		,		6978	
	Office Sought: House Disburs Senate President	sement For: Primary Other (spe	General cify) ▼												
	State: District:														
C.	Full Name (Last, First, Middle Initial) Internal Revenue Services						C	Date of	f Di	sburse		_			Y
	Mailing Address 324 25th Street						l	м м 09	/		26	/ ¥		011	Ŷ
	City Odgen	State UT	Zip Code 84401					Trans	sact	ion ID) : S	B21B.	1670	02	
	Purpose of Disbursement quarterly tax deposit - IRS				01										
	Candidate Name			Cat)01 egoi ype	ry/	Α	Amoun	t of	Each	Dis	sbursen	nent	this 1 7395	
	Senate President	sement For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					7		7			
	State: District:						_		_	_	_		_	_	
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SCHEDULE B (FEC Form 3X)		FOR LINE	
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$ $ \rangle BORDER HEALTH FEDERAL F	PAC		
Full Name (Last, First, Middle Initial)			
A. Internal Revenue Services			Date of Disbursement
Mailing Address 324 25th Street			10 / D D / Y Y Y Y 21 2011
City Odgen	State Zip Code UT 84401		Transaction ID : SB21B.16715
Purpose of Disbursement			
quarterly tax deposit - IRS Candidate Name		001	Amount of Each Disbursement this Period
		Category/ Type	7268.48
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Internal Revenue Services			Date of Disbursement
Mailing Address 324 25th Street			11 18 2011
City Odgen	State Zip Code UT 84401		Transaction ID : SB21B.16728
Purpose of Disbursement quarterly tax deposit - IRS		001	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Penod
		Category/ Type	6978.27
	rsement For:		
President	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
C. Ms Prisylla Jasso			Date of Disbursement
Mailing Address 213 Quail Court			07 / D D / Y Y Y Y Y 15 / 2011
City McAllen	State Zip Code TX 78502		Transaction ID : SB21B.16657
Purpose of Disbursement	1/ 10502		
contract services - salary expenditure		001	Amount of Each Disbursement this Period
		Category/ Type	2322.18
	rsement For:		
President	Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (option	al)	••••••	16568.93
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S	CHEDULE B (FEC Form 3X)			<u></u>						PACE	<u>⊿10</u>	OF 435
	EMIZED DISBURSEMENTS	Use separate schedule(s)		-	_INE N conly	IUMBE one)	H:		I	TAGE	515	
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	y information copied from such Reports and State											
or	for commercial purposes, other than using the nar	ne and address of any politic	cal con	nmitt	tee to	solicit c	contri	butions	s from	such	commit	tee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	2										
/	BORDER HEALTH FEDERAL PA	٠										
<u> </u>	Full Name (Last, First, Middle Initial)											
Α.	Ms Prisylla Jasso					Date	of D	isburse	ement			
						М		D			Y Y	Y
	Mailing Address 213 Quail Court					07	,	2	29		2011	_
	City	State Zip Code										
	McAllen	TX 78502				Trai	nsac	tion ID) : SB2	1B.16	665	
	Purpose of Disbursement			-								
	contract services - salary expenditure Candidate Name		C	01		Amou	int of	Each	Disbu	rseme	nt this	Period
				egory ype	y/						152	3.28
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В.	Ms Prisylla Jasso							isburse				
	Mailing Address 213 Quail Court					M 08			12		y y 2011	Y
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	McAllen Purpose of Disbursement	TX 78502										
	contract services - salary expenditure		C	001		Amou	int of	Each	Disbu	rseme	nt this	Period
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		ment For:										
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C.	Ms Prisylla Jasso					Date	of D	isburse	ement			
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	Mailing Address 213 Quail Court					08	5	1	7		2011	_
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	Senate	Primary General										
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_														
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	Candidate Name			Cate Ty	egor /pe						,				126	3.13
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	Mailing Address 213 Quail Court								09	1	D (09			2011	Y
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	President	Primary Other (specify)	General ▼													
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C.	Ms Prisylla Jasso								e of	f Dis	sburse			V	Ý	V
	Mailing Address 213 Quail Court								10	ĺ		07			011	
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υ.	Ms Prisylla Jasso								D			Y Y	V
	Mailing Address 213 Quail Court						<u>1</u> 1)4	/ T	2011	- T
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C.	Ms Prisylla Jasso						Date of	Dis	sburse	eme	ent		
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Ľ	Full Name (Last, First, Middle Initial)													
Α.	Ms Prisylla Jasso						Date			Irser		Y	YY	Y
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В.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso						Date	-		irser		V	Y Y	Y
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	McAllen	State Zip Code TX 78502					Tra	nsac	tior	n ID	: SB2′	B.16	6746	
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<u></u> С.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso						Date							
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\setminus	NAME OF COMMITTEE (In Full)											
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ITEMIZED DISDURSEMENTS for each category of the balance of the b	HEDULE B (F		Use sens	arate schedule(s)				NUMBER	:			PAG	iE 424	4 OF 435
or for commercial purposes, other than using the name and address of any political committies to solicit contributions from such commit NAME CF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. Ramiro Leal Mailing Address 601 Tulip City Origo of Disbursement refund of donation/contribution Candidate Name Candidate Name Office Sought: House Disbursement Full Name (Last, First, Middle Initial) B. Long Chilton LLP Mailing Address 4100 N. 23rd City Mailing Address 4100 N. 23rd Office Sought: Purpose of Disbursement president Disbursement For: Purpose of Disbursement paysmant payroll services Candidate Name City Reservice Other (specify) ▼	MIZED DISBUI	RSEMENTS	for each	category of the			21b	22						
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C. Long Chilton LLP Date of Disbursement Mailing Address 4100 N. 23rd Image: City City State Zip Code McAllen TX 78504 Purpose of Disbursement 001 paysmart payroll services 001 Candidate Name O01 Office Sought: House Disbursement For: Senate Primary General														
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McAllen TX 78504 Purpose of Disbursement paysmart payroll services 001 Amount of Each Disbursement this Candidate Name Category/ Type 3 Office Sought: House Disbursement For: Senate Primary General	lailing Address 4100 N	I. 23rd										Ľ		
paysmart payroll services 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General	<i>A</i> IIen							Trans	sacti	ion ID	: SB2	1B.1	6717	
Office Sought: House Disbursement For: Senate Primary General	paysmart payroll service				Cate	gor	·y/	Amoun	it of	Each	Disbu	rsem	ent thi	s Period 34.64
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S	CHEDULE B (FEC Form 3X)		EO			JMBER:				P	GE 42	5 05	= 435
	EMIZED DISBURSEMENTS	Use separate schedule(s)	-										
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<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Long Chilton LLP					Date of	f Dis	sburs	em	ent			
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	Mailing Address 4100 N. 23rd					11			8	1.1	2011		
	City	State Zip Code											
	McAllen	TX 78504				Trans	acti	ion IE): 9	SB21B	.16729		
	Purpose of Disbursement												
	paysmart payroll services		00)1		Amoun	t of	Each	Di	sburse	ment th	is Pe	eriod
	Candidate Name		Categ		/							33.5	6
	Office Sought: House Disburser	ment For:	Тур	pe				7	-	- 7			
	Senate	Primary General											
	President	Other (specify)											
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В.	Long Chilton LLP					Date of	f Dis	sburs	em	ent			
	Mailing Address (100 N 20 1					M M	1	D		1/	Y Y Y		
	Mailing Address 4100 N. 23rd					12			21		201		
	City	State Zip Code				Trong				0040	.16749		
	McAllen	TX 78504				Trans	act):;	58218	.16749		
	Purpose of Disbursement paysmart payroll services							-	D :				
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			Categ Typ		/							33.5	56
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	Senate	Primary General											
	President	Other (specify)											
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С.	Peppers									eni			_
	Mailing Address 4620 North 10th Street					м м 11	/		BO	/	2011		
	5	State Zip Code				Trans	act	ion IC)::	SB21B	.16762		
	McAllen Purpose of Disbursement	TX 78504											
	In-kind contribution for nominee dewhurst - u.s. sen	ate	00	3	11.	Amoun	t of	Each	n	churce	ment th	ic Do	vriod
	Candidate Name		Cateo	norv	1	Amoun		Laci		300130		13 1 0	nou
			Тур		<i>`</i>	L					1	729.4	7
	Office Sought: House Disburser												
	Senate	Primary General											
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S	CHEDULE B (FEC Form 3X)		separate schedule(s) FOR LINE NUMBER: PAGE 426				426	OF 435					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	check only one) (check only one)										
		Detailed Summary Page		×			a –						26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar												
\square	NAME OF COMMITTEE (In Full)	_											
	BORDER HEALTH FEDERAL PAG	C											
Α.	Full Name (Last, First, Middle Initial) Perkins Coie					Date	of D	isbur	sei	ment			
	Mailing Address 607 Fourteenth Street N.W.					0		/ D	03			011	Y
	Washington	StateZip CodeDC20005				Tra	nsac	tion	ID	: SB21E	3.167	54	
	Purpose of Disbursement legal fees		C	001	1	Amo	unt of	f Eac	ch I	Disburse	ement	t this	Period
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	Office Sought: House Disbursel Senate President	nent For: Primary General Other (specify) v											
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В.	Full Name (Last, First, Middle Initial) Perkins Coie					Date	-		sei		VVV	Y	V
	Mailing Address 607 Fourteenth Street N.W.					0			16			011	T
	Washington	StateZip CodeDC20005				Tra	nsac	tion	ID	: SB21E	8.167	56	
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	Candidate Name		Cate T	egoi ype				7	l			122	2.32
	Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼											
<u>с</u> .	Full Name (Last, First, Middle Initial) Perkins Coie					Date	of D	isbur	ser	ment			
	Mailing Address 607 Fourteenth Street N.W.					M 09		/ D	28			011	Y
	Washington	State Zip Code DC 20005				Tra	nsac	tion	ID	: SB21E	8.167	57	
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	Senate President	nent For: Primary General Other (specify) ▼											
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S	CHEDULE B (FEC Form 3X)			FO	BI		NUMF	3FR				P	AGE	427	OF 435
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	BORDER HEALTH FEDERAL PA	C													
Δ	Full Name (Last, First, Middle Initial) Perkins Coie						Da	te o	f Di	sburs	em	nent			
<i>_</i>	Perkins Cole											_	Y	Y Y	Y
	Mailing Address 607 Fourteenth Street N.W.							10			25			2011	
	- 5	State Zip Code DC 20005					т	rans	act	ion II	D :	SB21E	8.167	'58	
	Washington Purpose of Disbursement	DC 20005													
	legal fees		10	00	01		Am	ioun	t of	Each	۱D	Disburs	emer	nt this	Period
	Candidate Name			Cate	qor	v/		1			1			200	0.00
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	Office Sought: House Disburse Senate President Image: Control of the second seco	ment For: Primary Genera Other (specify)	al												
	State: District:														
_	Full Name (Last, First, Middle Initial)														
В.	Sprint								_	sburs					
	Mailing Address P.O. Box 8077						M	м 10	1		25			2011	Y
								10	1		20				
	,	State Zip Code					т	rans	sact	ion II	D :	SB21	3.167	/16	
	London Purpose of Disbursement	KY 40742													
	phone service expenditure		10	00	01		Am	ioun	t of	Each	۱D	Disburs	emer	nt this	Period
	Candidate Name			Cateo Tyj		y/				,	1	. ,		28	6.30
	Senate President	ment For: Primary Genera Other (specify) ▼	al												
_	State: District: Full Name (Last, First, Middle Initial)														
C.	Texas State Technical College						_	te o	_	sburs	en			Y Y	Ň
	Mailing Address 1902 North Loop 499							12	Í		16			2011	
	,	State Zip Code TX 78550					т	rans	sact	ion II	D :	SB21	3.167	753	
	Harlingen Purpose of Disbursement	1 70000			_	_									
	donation			01	12		Am	ioun	t of	Each	۱D	Disburs	emer	nt this	Period
	Candidate Name		(Cate Ty		y/			1	1	Ì			1000	0.00
	Senate President	ment For: Primary Genera Other (specify) ▼	al							,					
	State: District:							_	_		_				
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar					/ perso		for the		pos	se of	f soliciti		ontribu	tions
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	С													
A .	Full Name (Last, First, Middle Initial) Texas Workforce Commission							Date of	_		ursen		V	Ý	Y
	Mailing Address P.O. Box 149037							09			12			011	Ţ
	City Austin Purpose of Disbursement	State TX	Zip Code 78714					Trans	act	ion	ו ID :	SB21B	.166	99	
	quarterly tax assessment - TWC			0	01			Amoun	t of	Ea	ach E	Disburse	men	t this	Period
	Candidate Name			Cate T	egoi ype					,				e	6.39
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼												
	State: District:														
В.	Full Name (Last, First, Middle Initial) Texas Workforce Commission						I	Date of	_		ursen		Y Y	Y	Y
	Mailing Address P.O. Box 149037							10			31			011	
	Austin	State TX	Zip Code 78714					Trans	sact	ior	ו ID :	SB21E	6.167	21	
	Purpose of Disbursement quarterly tax assessment - TWC			C	001			Amoun	t of	Ea	ach E	Disburse	men	t this	Period
	Candidate Name			Cate T	egoi ype					,			i	4	0.98
	Senate President	ment For: Primary Other (spe	General cify) ▼												
	State: District: Full Name (Last, First, Middle Initial)														
C.	Valley Alliance of Mentors for Oppo	ortunitie	s				I	Date of	f Di		ursen		Y Y	Y	Y
	Mailing Address 5221 N McColl Rd							08			24		2	011	
	City McAllen Purpose of Disbursement	State TX	Zip Code 78502					Trans	sact	ion	ו ID :	SB21E	.166	85	
	donation Candidate Name			Cate			,	Amoun	t of	Ea	ach D	Disburse	men	t this 4400	_
	Senate President	ment For: Primary Other (spe	General cify) ▼	<u>T</u>	ype					7					
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)						:				PAGE	E 429	OF 435
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27		22 28a		23 28	L	24	L	25 29	26 30b
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NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL PA	С													
Full Name (Last, First, Middle Initial) A. Valley Alliance of Mentors for Opp	ortunities	6				_	ate o	_		rsen	_	Y	YYY	Y
Mailing Address 5221 N McColl Rd							09			16			2011	
City McAllen Purpose of Disbursement	State TX	Zip Code 78502				٦	rans	sact	ion	ID :	SB21	B.16	700	
donation			0	12		Ar	nour	t of	Ead	ch D	Disbur	seme	nt this	Period
Candidate Name			Cate Ty	egor /pe	y/				,				500	0.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼												
Full Name (Last, First, Middle Initial) B. Valley Alliance of Mentors for Opp Mailing Address 5221 N McColl Rd	ortunities	5				_	ate o 10	_		rsen 21	D /	Y	y y 2011	Y
City McAllen	State TX	Zip Code 78502				1	ran	sact	ion	ID :	SB21	B.16	5711	
Purpose of Disbursement donation Candidate Name			Cate		y/	Ar	nour	it of	Ead	ch D	Disbur	seme		Period
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼	Ту	/pe					3					
Full Name (Last, First, Middle Initial) C. Water Tower Village						_	ate c	_						
Mailing Address 52211 N. McColl Road						N	07	/	D	07		Y	20 <u>1</u> 1	Y
City McAllen	State TX	Zip Code 78504				٦	ran	sact	ion	ID :	SB21	B.16	656	
Purpose of Disbursement office lease expenditure Candidate Name			Cate	01 egor	y/	Ar	nour	it of	Ead	ch D	Disbur	seme		Period 1.25
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼		100					7					
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 430 OF 435
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or use		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	C		
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Water Tower Village			
Mailing Address 52211 N. McColl Road			10 05 2011
City McAllen	State Zip Code TX 78504		Transaction ID : SB21B.16705
Purpose of Disbursement	1/ 70504		
office lease expenditure		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1331.25
Office Sought: House Disburse Senate	ement For: Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Fools Distances with this David
Candidate Name		Category/	Amount of Each Disbursement this Period
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Office Sought: House Disburse	ement For: Primary General		
President	Other (specify)		
State: District:	1		
Full Name (Last, First, Middle Initial)			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
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	BORDER HEALTH FEDERAL PAC												
Ľ	Full Name (Last, First, Middle Initial)												
Α.	JOHN BARRASSO						Date of	f Di	sburse	əm	nent		
	Mailing Address 2000 CAOPED MOUNTAIN DOAD						M M	/	D			0044	Y
	Mailing Address 6896 CASPER MOUNTAIN ROAD						07		4	25		2011	
	City	State Zip Code					T	4			00004		
	CASPER	WY 82601					Trans	act		:	SB23.1	0003	
	Purpose of Disbursement contribution			012		11.	Amount	. of	Feeb		lahuraa	mont this	Deried
	Candidate Name				-	4	Amouni		Each		ispurse	ment this	s Period
	JOHN BARRASSO			tego Type			Ι.					50	00.00
		nent For: 2012		11	-				,		, , ,		
	X Senate	Primary General											
	President	Other (specify)											
_	State: WY District: 00												
в.	Full Name (Last, First, Middle Initial)						Date of	ים י	churce	~m	ont		
υ.	MICHAEL C. DR. BURGESS								D		_	Y Y	V
	Mailing Address PO BOX 2334						11	ĺ		22		2011	- T
	,	State Zip Code					Trans	act	ion ID):	SB23.1	6731	
	DENTON Purpose of Disbursement	TX 76202											
	contribution			011		11	Amount	t of	Each	D	isburse	ment this	Period
	Candidate Name		Cat	tego	orv/								
	MICHAEL C. DR. BURGESS			Гуре					7	_		50	00.00
		nent For: 2012											
		Primary General Other (specify)											
	State: TX District: 26												
_	Full Name (Last, First, Middle Initial)												
C.	DAVID H DEWHURST						Date of	Dis	sburse	em	nent		
							M M	1	D	D		Y Y	Y
	Mailing Address 1210 SAN ANTONIO STREET SU	ITE 700					12		2	21		2011	
	City	State Zip Code											
	AUSTIN	TX 78767					Trans	act	ion ID):	SB23.1	6741	
	Purpose of Disbursement contribution				-								
	Candidate Name			011	_		Amount	t of	Each	D	isburse	ment this	Period
	DAVID H DEWHURST			tego Type						1		23	09.81
		nent For: 2012		уре	-		_	-	7		7		
		Primary General											
	President	Other (specify)											
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$ \rangle$	BORDER HEALTH FEDERAL PAC	2												
_	Full Name (Last, First, Middle Initial)						_ ·							
Α.	DAVID H DEWHURST						Date							_
	Mailing Address 1210 SAN ANTONIO STREET SUI	TE 700					12			21			2011	Y
	,	State	Zip Code				Tra	nsac	tion	ID	: SB23.	1674	8	
	AUSTIN Purpose of Disbursement	ТХ	78767							-				
	contribution			0	11		Amou	int of	f Ead	ch I	Disburs	emen	nt this	Period
	Candidate Name			Cate	eaor	~v/				-				
	DAVID H DEWHURST				/pe				7			_	500	5.00
		nent For:												
		Primary Other (spe	General											
	State: TX District: 00		▼ ()											
	Full Name (Last, First, Middle Initial)													
В.							Date	of D	isbu	rsei	ment			
	NA 19. A 1.1						М						Y Y	Y
	Mailing Address 3210 W CULLOM ST						11			0′		2	2011	
	City S	State	Zip Code				Tra	nsac	tion	חו	: SB23	1677	6	
	CHICAGO	IL	60641				IId	1540		U	. 3023	10//	0	
	Purpose of Disbursement contribution			0)11		Amor	int of	f Fa	ch I	Disburs	emen	nt thic	Period
	Candidate Name			_		21/	,				2.550015	5		
	LUIS V GUTIERREZ			Cate Ty	egor /pe	y/	L.		7		7		500	0.00
		nent For:	-											
		Primary	General											
	State: IL District: 04	Other (spe	ecity) 🔻											
_	Full Name (Last, First, Middle Initial)													
C.	RUBEN E HINOJOSA						Date	of D	isbu	rsei	ment			
							M)			Y Y	Y
	Mailing Address 1404 South Illinois						08			25	5	2	2011	
	City S	State	Zip Code											
	Mercedes	TX	78570				Tra	nsac	tion	ID	: SB23	1668	7	
	Purpose of Disbursement contribution													
	Candidate Name				11		Amou	int of	Ea	ch I	Disburs	emen	nt this	Period
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		Primary	X General											
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Full Name (Last, First, Midd A. RUBEN E HINOJO	,						Date	of Di	sburs	emen	t			
	54						M			D		Y	Y Y	
Mailing Address 1404 South	Illinois						08		2	25		2011	_	
City	:	State	Zip Code				Trar	nsact	ion IE) : SE	323.16	688		
Mercedes Purpose of Disbursement		ТХ	78570											
contribution				0	011		Amou	nt of	Each	Disb	oursen	nent th	is Per	iod
Candidate Name				Cate	egor	v/				-	-		-	- T
RUBEN E HINOJO					ype	y,			7	_	7	5	000.00)
Office Sought: K Hous		ment For:												
Sena	ident	Primary Other (sp	General											
State: TX District:	15	Other (sp	eeny) 🔻											
Full Name (Last, First, Midd	le Initial)													
B. NATIONAL REPUE	BLICAN SENAT	ORIAL	COMMITTE	E			Date	-	sburs			Y	Y Y	
Mailing Address 425 SECO	ND STREET NE						10			19	L	201		
City WASHINGTON		State DC	Zip Code 20002				Trai	nsact	ion II) : Se	323.20	0414		
Purpose of Disbursement contribution)11		Amou	nt of	Fach	Dieh	urcon	nent th	is Par	iod
Candidate Name							Amou		Laci	Disc	Juisen		13 1 61	iou
					egor ype	y/			,		,	15	000.00)
Office Sought: Hous Sena Pres State: District:	ate	ment For: Primary Other (sp	General											
Full Name (Last, First, Midd	le Initial)													
C. NEW JERSEY DEM	,	ATE CO	OMMITTEE				Date			emen		Y	VV	
Mailing Address 196 WEST	STATE STREET						12			27		2011	_	
City TRENTON		State NJ	Zip Code 08608				Trai	nsact	ion II) : Se	323.18	3361		
Purpose of Disbursement contribution														
Candidate Name)11	_	Amou	nt of	Each	Disb	oursen	nent th	is Per	iod
NEW JERSEY DEM	OCRATIC STAT	E COM	IMITTEE		egor ype	у/						10	000.00)
Office Sought: House		ment For:			, 20				7		7			
Sena		Primary	X General											
	ident	Other (sp	ecify) 🔻											
State: District:														
SUBTOTAL of Disbursements	This Page (optional)										_	300	00.00	
						-	÷	-	7	=	7	-	-	4
TOTAL This Period (last page	this line number only))							7		- 7	573	309.81	

Image# 13962847244			
SCHEDULE D (FEC Form 3X)			PAGE 434 OF 435
DEBTS AND OBLIGATIONS		(Use separa schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered lin	(check only one) 9
-			e) X 10
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):
AC Rentals		rental	space
Mailing Address PO Box 2673			
City State	Zip Code		
McAllen	TX 78502		
Outstanding Balance Beginning This Period		Trans	saction ID : SD10.9553
900.00			
· · · · · · · · · · · · · · · · · · ·			
Amount Incurred This Period	Payment This Per	iod Outst	anding Balance at Close of This Period
0.00		0.00	900.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature rental	of Debt (Purpose):
AC Rentals		Tentar	space
Mailing Address PO Box 2673			
5 1 0 B0x 2073			
City State	Zip Code		
McAllen	TX 78502		
Outstanding Balance Beginning This Period		Tran	saction ID : SD10.10053
900.00			
Amount Incurred This Period	Payment This Per	iod Outet	anding Balance at Close of This Period
	r ayment mis r ei		
0.00		0.00	900.00
C. Full Name (Last, First, Middle Initial) of Debtor	.		
	or Creditor	Natura	of Debt (Purnose).
	or Creditor	Nature	of Debt (Purpose):
	or Creditor	Nature	of Debt (Purpose):
Mailing Address	or Creditor	Nature	of Debt (Purpose):
Mailing Address		Nature	of Debt (Purpose):
	State Zip Code	Nature	of Debt (Purpose):
Mailing Address City		Nature	of Debt (Purpose):
Mailing Address		Nature	of Debt (Purpose):
Mailing Address City		Nature	of Debt (Purpose):
Mailing Address City			of Debt (Purpose): anding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period	State Zip Code		
Mailing Address City Outstanding Balance Beginning This Period	State Zip Code		
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Mailing Address City Outstanding Balance Beginning This Period	State Zip Code Payment This Per	iod Outst	
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	State Zip Code Payment This Per	iod Outst	anding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	State Zip Code Payment This Per	iod Outst	anding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	State Zip Code Payment This Per	iod Outst	anding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	State Zip Code Payment This Per	iod Outst	anding Balance at Close of This Period

:97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

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.