

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		991233.52
(b) Cash on Hand at Beginning of Reporting Period.....	795811.79	
(c) Total Receipts (from Line 19)	84655.00	442100.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	880466.79	1433333.70
7. Total Disbursements (from Line 31).....	88243.54	641110.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	792223.25	792223.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1800.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: / / To: / /

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).....	81665.00	398702.14
(ii) Unitemized	2990.00	38398.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	84655.00	437100.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	84655.00	437100.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	84655.00	442100.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	84655.00	442100.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18243.54	247446.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18243.54	247446.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	343664.39
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	88243.54	641110.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88243.54	641110.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	84655.00	437100.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84655.00	437100.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18243.54	247446.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18243.54	247446.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Ziad Abdeen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19389
Mailing Address 809-A Savannah #3		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ziad Abdeen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20051
Mailing Address 809-A Savannah #3		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 875.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Riad Aboujamous		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19390
Mailing Address 1217 Fullerton		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Riad Aboujamous
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 Fullerton
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19755
 Amount of Each Receipt this Period **250.00**
 contribution

B. Charity Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19391
 Amount of Each Receipt this Period **250.00**
 contribution

c. Charity Abreu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19733
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **525.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 200
E. Xenops

City McAllen State TX Zip Code 78504

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

Name of Employer Occupation
Self employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19392

Amount of Each Receipt this Period
150.00
contribution

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

Mailing Address 200
E. Xenops

City McAllen State TX Zip Code 78504

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

Name of Employer Occupation
Self employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19757

Amount of Each Receipt this Period
150.00
contribution

Full Name (Last, First, Middle Initial)
C. Ruben Abreu

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

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

Name of Employer Occupation
self-employee physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19393

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ruben Abreu
Full Name (Last, First, Middle Initial)

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19734

Amount of Each Receipt this Period
 250.00

contribution

B. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19394

Amount of Each Receipt this Period
 250.00

contribution

C. Juan Aguilera
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19758

Amount of Each Receipt this Period
 250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Sahar Alizy
Full Name (Last, First, Middle Initial)
Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19396

Amount of Each Receipt this Period

25.00

contribution

B. Ms Sahar Alizy
Full Name (Last, First, Middle Initial)
Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19760

Amount of Each Receipt this Period

25.00

contribution

C. Michael Alleyn
Full Name (Last, First, Middle Initial)
Mailing Address 5505 N. 4th

City mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19397

Amount of Each Receipt this Period

250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Alleyn		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19735
Mailing Address 5505 N. 4th		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms Alex Ambriz		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19398
Mailing Address 15253 Heather		Amount of Each Receipt this Period 25.00 contribution
City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms Alex Ambriz		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19761
Mailing Address 15253 Heather		Amount of Each Receipt this Period 25.00 contribution
City Harlingen	State TX	Zip Code 78552
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Amyx		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19399
Mailing Address 2108 Mynah		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Michael Amyx		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19736
Mailing Address 2108 Mynah		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) c. Dr. Jumar B. Apolinario		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19400
Mailing Address 2805 Santa Erica		Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physicain
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Jumar B. Apolinario		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19762
Mailing Address 2805 Santa Erica		Amount of Each Receipt this Period 100.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physicain	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Eduardo Aquino		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19401
Mailing Address 112 E. Xenops		Amount of Each Receipt this Period 50.00 contribution
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. Dr. Eduardo Aquino		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19763
Mailing Address 112 E. Xenops		Amount of Each Receipt this Period 50.00 contribution
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19402

Amount of Each Receipt this Period
250.00
contribution

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

Mailing Address 7004
N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19737

Amount of Each Receipt this Period
250.00
contribution

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

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19403

Amount of Each Receipt this Period
50.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19764

Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Julio Arias-Viaud
Full Name (Last, First, Middle Initial)

Mailing Address 2600 Santa Paula

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19405

Amount of Each Receipt this Period
 100.00
 contribution

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

Mailing Address 307 N 'D' Salinas Blvd

City Donna State TX Zip Code 78537

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19406

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 307 N 'D' Salinas Blvd

City Donna State TX Zip Code 78537

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11AI.19767

Amount of Each Receipt this Period
25.00

contribution

B. Dr. Pedro Arrazola
Full Name (Last, First, Middle Initial)

Mailing Address 5114 N. 10th Street

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.19407

Amount of Each Receipt this Period
100.00

contribution

C. Dr. Pedro Arrazola
Full Name (Last, First, Middle Initial)

Mailing Address 5114 N. 10th Street

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11AI.19768

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
Brownsville TX 78526

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19408

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
Brownsville TX 78526

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19769

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer Occupation
selfemployed private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19409

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Marilyn Assistores		Date of Receipt
Mailing Address 2222 La Condesa Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19770
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	private investor	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Felipe Avila		Date of Receipt
Mailing Address 104 W. 20th Street		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Weslaco	TX	78596
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19411
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	doctor	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Felipe Avila		Date of Receipt
Mailing Address 104 W. 20th Street		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Weslaco	TX	78596
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19772
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	doctor	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="575.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Wilfredo Aviles
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19773
 Amount of Each Receipt this Period 50.00
 contribution

B. Dr. Roberto A, Ayers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 S. Jackson #7
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19413
 Amount of Each Receipt this Period 100.00
 contribution

C. Dr. Roberto A, Ayers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 S. Jackson #7
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19774
 Amount of Each Receipt this Period 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Murphy Badiga		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 1503 S. Airport suite 6		Transaction ID : SA11AI.19414
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Murphy Badiga		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012
Mailing Address 1503 S. Airport suite 6		Transaction ID : SA11AI.19738
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed		contribution
Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name (Last, First, Middle Initial) C. Ms Susan Bajus		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 5705 North 4th		Transaction ID : SA11AI.19415
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer selfemployed		contribution
Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	810.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Susan Bajus
Full Name (Last, First, Middle Initial)
Mailing Address 5705 North 4th
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation private investor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **310.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11Al.19775
Amount of Each Receipt this Period **100.00**
contribution

B. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11Al.19416
Amount of Each Receipt this Period **50.00**
contribution

C. Cayetano Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 501 Mockingbird Lane
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11Al.19739
Amount of Each Receipt this Period **50.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **110.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19417
 Amount of Each Receipt this Period 125.00
 contribution

B. Mr. Marcos Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19776
 Amount of Each Receipt this Period 125.00
 contribution

C. Ricardo Barrera
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Frio
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19418
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ricardo Barrera
Full Name (Last, First, Middle Initial)
Mailing Address 420 Frio
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19740
Amount of Each Receipt this Period **250.00**
contribution

B. Dr. Sebrahmanyan Behara
Full Name (Last, First, Middle Initial)
Mailing Address 121 Cardinal
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4000.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19419
Amount of Each Receipt this Period **400.00**
contribution

C. Dr. Sebrahmanyan Behara
Full Name (Last, First, Middle Initial)
Mailing Address 121 Cardinal
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4400.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19778
Amount of Each Receipt this Period **400.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Yuri Bermudez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19420
Mailing Address P.O.Box 1125		Amount of Each Receipt this Period 50.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Yuri Bermudez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19779
Mailing Address P.O.Box 1125		Amount of Each Receipt this Period 50.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Juan Bernini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19421
Mailing Address 2804 Santa Ana		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Bernini
Full Name (Last, First, Middle Initial)

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19741

Amount of Each Receipt this Period
 250.00
 contribution

B. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19422

Amount of Each Receipt this Period
 250.00
 contribution

C. Sarojini Bose
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19742

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Francisco Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19423
 Amount of Each Receipt this Period 400.00
 contribution

B. Francisco Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19743
 Amount of Each Receipt this Period 400.00
 contribution

C. Dr. Yvonne Bracamontes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19424
 Amount of Each Receipt this Period 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Yvonne Bracamontes
Full Name (Last, First, Middle Initial)
Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19780

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Erasto Canales
Full Name (Last, First, Middle Initial)
Mailing Address 105 Bluebird

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19426

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Erasto Canales
Full Name (Last, First, Middle Initial)
Mailing Address 105 Bluebird

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19782

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ricardo Canales
Full Name (Last, First, Middle Initial)
Mailing Address 408 Marigold

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19427

Amount of Each Receipt this Period

50.00

contribution

B. Dr. Ricardo Canales
Full Name (Last, First, Middle Initial)
Mailing Address 408 Marigold

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19783

Amount of Each Receipt this Period

50.00

contribution

C. Desi Canals
Full Name (Last, First, Middle Initial)
Mailing Address 1912 Trinity

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19428

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1912 Trinity

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11Al.19784

Amount of Each Receipt this Period
25.00

contribution

Full Name (Last, First, Middle Initial)
B. Alonzo Cantu

Mailing Address P.O.Box 2673

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11Al.19429

Amount of Each Receipt this Period
400.00

contribution

Full Name (Last, First, Middle Initial)
c. Alonzo Cantu

Mailing Address P.O.Box 2673

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11Al.19744

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **825.00**

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

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

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

FOR LINE NUMBER: PAGE 30 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Leonel Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Deborah
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19431
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Leonel Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Deborah
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19786
 Amount of Each Receipt this Period
 50.00
 contribution

C. Ms Melissa Cantu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 S. Gumwood
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19432
 Amount of Each Receipt this Period
 50.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Melissa Cantu
Full Name (Last, First, Middle Initial)

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

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

Name of Employer self-employee Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19787

Amount of Each Receipt this Period 50.00 contribution

B. Dr. Joseph Caporusso
Full Name (Last, First, Middle Initial)

Mailing Address 217 E. Yellowhammer

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19434

Amount of Each Receipt this Period 100.00 contribution

c. Dr. Joseph Caporusso
Full Name (Last, First, Middle Initial)

Mailing Address 217 E. Yellowhammer

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19789

Amount of Each Receipt this Period 100.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19435

Amount of Each Receipt this Period

400.00

contribution

B. Carlos Cardenas
Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. Taylor Road

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19745

Amount of Each Receipt this Period

400.00

contribution

C. Jose Carreras
Full Name (Last, First, Middle Initial)
Mailing Address 1016 E. Griffin Parkway

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19436

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 Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jose Carreras
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19746
 Amount of Each Receipt this Period 400.00
 contribution

B. Marissa Castaneda
 Full Name (Last, First, Middle Initial)
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19437
 Amount of Each Receipt this Period 50.00
 contribution

C. Marissa Castaneda
 Full Name (Last, First, Middle Initial)
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19790
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Augusto Castrillon
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19439
 Amount of Each Receipt this Period **250.00**
 contribution

B. Augusto Castrillon
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19747
 Amount of Each Receipt this Period **250.00**
 contribution

C. Norma Cavazos-Salas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 N. Bryan Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19440
 Amount of Each Receipt this Period **125.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 35 OF 188
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Norma Cavazos-Salas
Full Name (Last, First, Middle Initial)
Mailing Address 2301 N. Bryan Road
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1375.00**
Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19748
Amount of Each Receipt this Period 125.00 contribution

B. R. Chandrasekharan
Full Name (Last, First, Middle Initial)
Mailing Address 1210 East 8th street suite 1
City weslaco State TX Zip Code 78591
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**
Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19441
Amount of Each Receipt this Period 125.00 contribution

C. R. Chandrasekharan
Full Name (Last, First, Middle Initial)
Mailing Address 1210 East 8th street suite 1
City weslaco State TX Zip Code 78591
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1375.00**
Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19749
Amount of Each Receipt this Period 125.00 contribution

SUBTOTAL of Receipts This Page (optional)..... **375.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 36 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Mr. Roel Contreras

Mailing Address 1609 Harvey

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19442

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Mr. Roel Contreras

Mailing Address 1609 Harvey

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19792

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City McAllen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19443

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Virah Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11Al.19793

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Donna Cooper-Dockery
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Solera Drive

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11Al.19794

Amount of Each Receipt this Period

125.00

contribution

C. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)

Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11Al.19444

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Oscar Cortez
Full Name (Last, First, Middle Initial)
Mailing Address 4101 South Burns Drive
City McAllen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19795
Amount of Each Receipt this Period **100.00**
contribution

B. Diana Cortinas
Full Name (Last, First, Middle Initial)
Mailing Address 1400 Northgate Lane
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1830.60**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19445
Amount of Each Receipt this Period **200.00**
contribution

C. Diana Cortinas
Full Name (Last, First, Middle Initial)
Mailing Address 1400 Northgate Lane
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2030.60**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19751
Amount of Each Receipt this Period **200.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19446
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 1099.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19752
Mailing Address 1224 Northgate Lane		Amount of Each Receipt this Period 50.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 1149.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19447
Mailing Address 1400 Northgate		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1400 Northgate

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19753

Amount of Each Receipt this Period
250.00
contribution

B. Dr. Hildegardo Costa
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19448

Amount of Each Receipt this Period
50.00
contribution

C. Dr. Hildegardo Costa
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19796

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. James Darling
Full Name (Last, First, Middle Initial)
Mailing Address 1225 E Peking

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19449

Amount of Each Receipt this Period

1500.00

contribution

B. James Darling
Full Name (Last, First, Middle Initial)
Mailing Address 1225 E Peking

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19797

Amount of Each Receipt this Period

150.00

contribution

C. David Deanda
Full Name (Last, First, Middle Initial)
Mailing Address 2408 Dorado

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19454

Amount of Each Receipt this Period

250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. David Deanda
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19799

Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19451

Amount of Each Receipt this Period
 125.00
 contribution

C. Dr. Carlos De Juana
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Zinnia

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19800

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19452
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Andrew De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 South H Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19801
 Amount of Each Receipt this Period **50.00**
 contribution

c. Jorge De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19453
 Amount of Each Receipt this Period **250.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **350.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jorge De La Garza		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19754
Mailing Address 120 Condor		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Luis Delgado Jr.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19456
Mailing Address 5128 N. 10th		Amount of Each Receipt this Period 150.00 contribution
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) C. Luis Delgado Jr.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19803
Mailing Address 5128 N. 10th		Amount of Each Receipt this Period 150.00 contribution
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Satish D. Desai
Full Name (Last, First, Middle Initial)

Mailing Address 7004 North 1st

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19805

Amount of Each Receipt this Period 50.00 contribution

B. Mr. Ted Disque
Full Name (Last, First, Middle Initial)

Mailing Address 501 Iris

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19458

Amount of Each Receipt this Period 20.00 contribution

c. Mr. Ted Disque
Full Name (Last, First, Middle Initial)

Mailing Address 501 Iris

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19806

Amount of Each Receipt this Period 20.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Oneida Elizondo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Durango Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19459
 Amount of Each Receipt this Period **250.00**
 contribution

B. Ms Oneida Elizondo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Durango Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19807
 Amount of Each Receipt this Period **25.00**
 contribution

C. Kotthegal Eshwar
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Yellow Hammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19460
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **100.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 47 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Koththegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19808

Amount of Each Receipt this Period
 50.00
 contribution

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

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19461

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19809

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Antonio Falcon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2768 Pharmacy Road
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19462
 Amount of Each Receipt this Period
 100.00
 contribution

B. Antonio Falcon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2768 Pharmacy Road
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19810
 Amount of Each Receipt this Period
 100.00
 contribution

C. Maria Elena Falcon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2212 Westway
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19463
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2212 Westway

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19811

Amount of Each Receipt this Period
 250.00

contribution

B. Dr. Alexander Feigl
Full Name (Last, First, Middle Initial)

Mailing Address 110 E. Savannah #101

City McAllen State TX Zip Code 78503

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19464

Amount of Each Receipt this Period
 250.00

contribution

c. Dr. Alexander Feigl
Full Name (Last, First, Middle Initial)

Mailing Address 110 E. Savannah #101

City McAllen State TX Zip Code 78503

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19812

Amount of Each Receipt this Period
 250.00

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1064.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19465

Amount of Each Receipt this Period
 100.00
 contribution

B. Alberto Felici
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1164.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19813

Amount of Each Receipt this Period
 100.00
 contribution

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

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2497.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19466

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2747.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19814

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City Edinburg State TX Zip Code 78542

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

Name of Employer self-employee Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19468

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City Edinburg State TX Zip Code 78542

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

Name of Employer self-employee Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19816

Amount of Each Receipt this Period
 25.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Raymond Franklin
Full Name (Last, First, Middle Initial)
Mailing Address 3212 Nightingale Court

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19469

Amount of Each Receipt this Period

500.00

contribution

B. Mr. Raymond Franklin
Full Name (Last, First, Middle Initial)
Mailing Address 3212 Nightingale Court

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19817

Amount of Each Receipt this Period

50.00

contribution

C. Eugenio Galindo
Full Name (Last, First, Middle Initial)
Mailing Address 5936 N. Cynthia

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19470

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Eugenio Galindo
Full Name (Last, First, Middle Initial)
Mailing Address 5936 N. Cynthia
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **4400.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19818
Amount of Each Receipt this Period **400.00**
contribution

B. Elvin Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Santa Teresa
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19471
Amount of Each Receipt this Period **250.00**
contribution

C. Elvin Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 2800 Santa Teresa
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19819
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).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Hiram Garcia			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11Al.19472
Mailing Address 2712 E Mile 5 Road			Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Hiram Garcia			Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11Al.19820
Mailing Address 2712 E Mile 5 Road			Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00		

Full Name (Last, First, Middle Initial) C. Ms Nancy Garcia			Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11Al.19821
Mailing Address 1409 Dora Jeanne Drive			Amount of Each Receipt this Period 20.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer selfemployed	Occupation private investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Oscar Garcia			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19475
Mailing Address 1717 Palazzo			Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3640.00		

Full Name (Last, First, Middle Initial) B. Dr. Oscar Garcia			Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19822
Mailing Address 1717 Palazzo			Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4040.00		

Full Name (Last, First, Middle Initial) C. Dr. Ricardo Garcia			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19477
Mailing Address 6108 North 5th Street			Amount of Each Receipt this Period 75.00 contribution
City McAllen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ricardo Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 6108 North 5th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19824

Amount of Each Receipt this Period

75.00

contribution

B. Dr. Samuel Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 137 E. Guardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19478

Amount of Each Receipt this Period

100.00

contribution

C. Dr. Samuel Garcia
Full Name (Last, First, Middle Initial)
Mailing Address 137 E. Guardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19825

Amount of Each Receipt this Period

100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Carlos Garcia-Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19473

Amount of Each Receipt this Period

250.00

contribution

B. Dr. Carlos Garcia-Cantu
Full Name (Last, First, Middle Initial)
Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19826

Amount of Each Receipt this Period

250.00

contribution

C. Ms Anna Garza
Full Name (Last, First, Middle Initial)
Mailing Address 3212 S Boyce Circle

City Donna	State TX	Zip Code 78557
---------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19485

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Anna Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 3212 S Boyce Circle
 City Donna State TX Zip Code 78557
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 275.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19828
 Amount of Each Receipt this Period 25.00
 contribution

B. Dr. James Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 4000.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19484
 Amount of Each Receipt this Period 400.00
 contribution

C. Dr. James Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address 2821 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 4400.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19829
 Amount of Each Receipt this Period 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... 825.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Martin Garza
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19830

Amount of Each Receipt this Period

50.00

contribution

B. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19482

Amount of Each Receipt this Period

400.00

contribution

C. Rene Garza
Full Name (Last, First, Middle Initial)
Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19831

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ayda Garza-Montalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Silvarado North
 City State Zip Code
 Palmhurst TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19480
 Amount of Each Receipt this Period
 125.00
 contribution

B. Dr. Ayda Garza-Montalvo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Silvarado North
 City State Zip Code
 Palmhurst TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19832
 Amount of Each Receipt this Period
 125.00
 contribution

C. Dr. Jesus Garza-Tamez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 W. Gardenia
 City State Zip Code
 McAllen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19481
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Jesus Garza-Tamez		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19833
Mailing Address 1400 W. Gardenia		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19486
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Gelman		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19834
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 4400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sathiyaraj George
Full Name (Last, First, Middle Initial)

Mailing Address 2607 Solera

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19487

Amount of Each Receipt this Period

250.00

contribution

B. Dr. Sathiyaraj George
Full Name (Last, First, Middle Initial)

Mailing Address 2607 Solera

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19835

Amount of Each Receipt this Period

250.00

contribution

C. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19489

Amount of Each Receipt this Period

100.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Richard Gillett
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19837

Amount of Each Receipt this Period
100.00
contribution

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

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19490

Amount of Each Receipt this Period
100.00
contribution

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

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19838

Amount of Each Receipt this Period
100.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2401 SE Augusta Square

City McAllen State TX Zip Code 78503

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11Al.19491

Amount of Each Receipt this Period 50.00 contribution

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

Mailing Address 2401 SE Augusta Square

City McAllen State TX Zip Code 78503

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11Al.19839

Amount of Each Receipt this Period 50.00 contribution

C. Dr. Juan Pablo Gomez
Full Name (Last, First, Middle Initial)

Mailing Address 113 Canary

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11Al.19492

Amount of Each Receipt this Period 200.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Juan Pablo Gomez
Full Name (Last, First, Middle Initial)
Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19840

Amount of Each Receipt this Period

200.00

contribution

B. Mr. Marco Gomez
Full Name (Last, First, Middle Initial)
Mailing Address 2705 Biltmore

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19493

Amount of Each Receipt this Period

25.00

contribution

C. Mr. Marco Gomez
Full Name (Last, First, Middle Initial)
Mailing Address 2705 Biltmore

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19841

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Michael Gonzales
Full Name (Last, First, Middle Initial)

Mailing Address 204 Valenca

City Weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.28**

Date of Receipt **10 / 19 / 2012**

Transaction ID : SA11AI.19496

Amount of Each Receipt this Period **25.00**

contribution

B. Mr. Michael Gonzales
Full Name (Last, First, Middle Initial)

Mailing Address 204 Valenca

City Weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **253.28**

Date of Receipt **11 / 19 / 2012**

Transaction ID : SA11AI.19844

Amount of Each Receipt this Period **25.00**

contribution

C. Ada Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 9817

City alamo State TX Zip Code 78516

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 19 / 2012**

Transaction ID : SA11AI.19497

Amount of Each Receipt this Period **75.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Ada Gonzalez

Mailing Address P.O. Box 9817

City alamo State TX Zip Code 78516

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11Al.19845

Amount of Each Receipt this Period
75.00

contribution

Full Name (Last, First, Middle Initial)
B. Ms Aida Gonzalez

Mailing Address 311 E. Davis

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11Al.19846

Amount of Each Receipt this Period
20.00

contribution

Full Name (Last, First, Middle Initial)
C. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11Al.19499

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ► **145.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alfredo Gonzalez		Date of Receipt
Mailing Address 2305 Monaco Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		contribution
Transaction ID : SA11Al.19847		

Full Name (Last, First, Middle Initial) B. Dr. Esteban Gonzalez		Date of Receipt
Mailing Address 2210 Monaco Drive		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		contribution
Transaction ID : SA11Al.19500		

Full Name (Last, First, Middle Initial) C. Dr. Esteban Gonzalez		Date of Receipt
Mailing Address 2210 Monaco Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mission	TX	78574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		contribution
Transaction ID : SA11Al.19848		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jaime Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Plazas del Lago
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19501
 Amount of Each Receipt this Period
 250.00
 contribution

B. Jaime Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Plazas del Lago
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19849
 Amount of Each Receipt this Period
 250.00
 contribution

C. Juan Gonzalez-Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Meadwood
 City State Zip Code
 weslaco TX 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19502
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Gonzalez-Dickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Meadwood
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19850
 Amount of Each Receipt this Period **250.00**
 contribution

B. Verley Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2312.56**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19503
 Amount of Each Receipt this Period **250.00**
 contribution

C. Verley Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2562.56**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19851
 Amount of Each Receipt this Period **250.00**
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Enrique Griego
Full Name (Last, First, Middle Initial)

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19504

Amount of Each Receipt this Period
 400.00

contribution

B. Enrique Griego
Full Name (Last, First, Middle Initial)

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19852

Amount of Each Receipt this Period
 400.00

contribution

c. Dr. Maria Ruby Guajardo
Full Name (Last, First, Middle Initial)

Mailing Address 2603 Santa Laura

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19505

Amount of Each Receipt this Period
 50.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Maria Ruby Guajardo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19853
 Amount of Each Receipt this Period **50.00**
 contribution

B. Daniel Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. Broadway
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1150.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19507
 Amount of Each Receipt this Period **100.00**
 contribution

C. Daniel Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S. Broadway
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19854
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Marcy Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 13337 Borolo Drive
 City State Zip Code
 edinburg TX 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19509
 Amount of Each Receipt this Period
 250.00
 contribution

B. Marcy Guerra
 Full Name (Last, First, Middle Initial)
 Mailing Address 13337 Borolo Drive
 City State Zip Code
 edinburg TX 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19856
 Amount of Each Receipt this Period
 250.00
 contribution

C. Rodolfo Guerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 1402 E. 8th Street
 City State Zip Code
 weslaco TX 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2126.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19709
 Amount of Each Receipt this Period
 100.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Rodolfo Guerrero		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19859
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 100.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2226.09	

Full Name (Last, First, Middle Initial) B. Alberto Gutierrez		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19512
Mailing Address 6020 Wisconsin		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Alberto Gutierrez		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19861
Mailing Address 6020 Wisconsin		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19513

Amount of Each Receipt this Period
400.00
contribution

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

Mailing Address 511 N. Depot Road

City State Zip Code
edenburg TX 78541

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19862

Amount of Each Receipt this Period
400.00
contribution

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19514

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Miguel Gutierrez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19863
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Dr. Eduardo Guzman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19515
Mailing Address 2308 Highway 83 suite f		Amount of Each Receipt this Period 50.00 contribution
City Penitas	State TX	Zip Code 78573
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Eduardo Guzman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19864
Mailing Address 2308 Highway 83 suite f		Amount of Each Receipt this Period 50.00 contribution
City Penitas	State TX	Zip Code 78573
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19516

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 4008 Burns Drive South

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19865

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 701 South J

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19517

Amount of Each Receipt this Period
 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 701 South J

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **11 / 19 / 2012**

Transaction ID : SA11AI.19866

Amount of Each Receipt this Period **75.00**

contribution

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

Mailing Address 820 Tamarack

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **10 / 19 / 2012**

Transaction ID : SA11AI.19518

Amount of Each Receipt this Period **50.00**

contribution

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

Mailing Address 820 Tamarack

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **11 / 19 / 2012**

Transaction ID : SA11AI.19867

Amount of Each Receipt this Period **50.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Blake Hensler
Full Name (Last, First, Middle Initial)

Mailing Address 3414 Pricess Street

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19519

Amount of Each Receipt this Period
 25.00
 contribution

B. Mr. Blake Hensler
Full Name (Last, First, Middle Initial)

Mailing Address 3414 Pricess Street

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19868

Amount of Each Receipt this Period
 25.00
 contribution

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

Mailing Address 3414 Princess Street

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19520

Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ms Monica Hensler		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19869
Mailing Address 3414 Princess Street		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ambrosio Hernandez		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19522
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19870
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19523
 Amount of Each Receipt this Period **250.00**
 contribution

B. Maximiliano Hernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19872
 Amount of Each Receipt this Period **250.00**
 contribution

C. Maria Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19506
 Amount of Each Receipt this Period **250.00**
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Maria Hoffman
Full Name (Last, First, Middle Initial)
Mailing Address 802 Inspiration Road
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19873
Amount of Each Receipt this Period **250.00**
contribution

B. Dr. Dynio Honrubia
Full Name (Last, First, Middle Initial)
Mailing Address 5600 North Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19524
Amount of Each Receipt this Period **50.00**
contribution

C. Dr. Dynio Honrubia
Full Name (Last, First, Middle Initial)
Mailing Address 5600 North Cynthia
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19874
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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19525

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19875

Amount of Each Receipt this Period
 250.00
 contribution

C. Dr. Syed Husain
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19526

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Syed Husain
Full Name (Last, First, Middle Initial)
Mailing Address 7020 N. 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11Al.19876

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11Al.19527

Amount of Each Receipt this Period

400.00

contribution

C. Dr. Norma Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11Al.19877

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Marina Jacobson
Full Name (Last, First, Middle Initial)
Mailing Address 1505 Doherty

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2012

Transaction ID : SA11AI.19528

Amount of Each Receipt this Period

250.00

contribution

B. Ms Marina Jacobson
Full Name (Last, First, Middle Initial)
Mailing Address 1505 Doherty

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		19		2012

Transaction ID : SA11AI.19879

Amount of Each Receipt this Period

25.00

contribution

C. Dr. Danielle Jinenez-Flores
Full Name (Last, First, Middle Initial)
Mailing Address 4212 Lebanon

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2012

Transaction ID : SA11AI.19529

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Danielle Jinenez-Flores
 Full Name (Last, First, Middle Initial)
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19880
 Amount of Each Receipt this Period 50.00
 contribution

B. Dr. Belinda Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Trenton
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19530
 Amount of Each Receipt this Period 50.00
 contribution

C. Dr. Belinda Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Trenton
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19881
 Amount of Each Receipt this Period 50.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19531

Amount of Each Receipt this Period
 250.00
 contribution

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

Mailing Address 708 S H Street

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19882

Amount of Each Receipt this Period
 25.00
 contribution

Full Name (Last, First, Middle Initial)
C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City mcAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19532

Amount of Each Receipt this Period
 250.00
 contributon

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Nelson Kalaf		Date of Receipt
Mailing Address 5401 N. 8th Street		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcAllen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.19883
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gauri Kanhere		Date of Receipt
Mailing Address 2548 Palm Circle		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
rio grande city	TX	78582
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.19533
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gauri Kanhere		Date of Receipt
Mailing Address 2548 Palm Circle		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
rio grande city	TX	78582
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.19884
Name of Employer	Occupation	Amount of Each Receipt this Period
selfemployed	physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Adolfo Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 7902 N. 2th Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19534

Amount of Each Receipt this Period
 200.00
 contribution

B. Dr. Adolfo Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 7902 N. 2th Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19885

Amount of Each Receipt this Period
 200.00
 contribution

C. Mr. Kambiz Khademi
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 3422

City McAllen State TX Zip Code 78502

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19886

Amount of Each Receipt this Period
 40.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

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

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

FOR LINE NUMBER: PAGE 90 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Salman Muhammad Khan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19538
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Salman Muhammad Khan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19887
 Amount of Each Receipt this Period
 50.00
 contribution

C. Gholam Kiani
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19539
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gholam Kiani		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19888
Mailing Address 213 e. Xenops		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Mr. John Kiker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19540
Mailing Address 416 N. 17th Street		Amount of Each Receipt this Period 50.00 contribution
City Donna	State TX	Zip Code 78537
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. John Kiker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19889
Mailing Address 416 N. 17th Street		Amount of Each Receipt this Period 50.00 contribution
City Donna	State TX	Zip Code 78537
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19541

Amount of Each Receipt this Period
 150.00

contribution

B. Mary Elizabeth Klenz
Full Name (Last, First, Middle Initial)

Mailing Address 5111 N. 10th Street

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19890

Amount of Each Receipt this Period
 150.00

contribution

C. Jorge Kutugata
Full Name (Last, First, Middle Initial)

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19542

Amount of Each Receipt this Period
 250.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jorge Kutugata
 Full Name (Last, First, Middle Initial)
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19891
 Amount of Each Receipt this Period **250.00**
 contribution

B. Dr. Hossein Lahiji
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana #20
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19543
 Amount of Each Receipt this Period **400.00**
 contribution

C. Dr. Hossein Lahiji
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana #20
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19892
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 94 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramiro Leal
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19544
 Amount of Each Receipt this Period
 50.00
 contribution

B. Ramiro Leal
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19893
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dr. Raul Ledesma
 Full Name (Last, First, Middle Initial)
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19545
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Raul Ledesma
 Full Name (Last, First, Middle Initial)
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19894
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Rodrigo Lema
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Canary
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19546
 Amount of Each Receipt this Period **50.00**
 contribution

C. Dr. Rodrigo Lema
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Canary
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19895
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Rick Lin
Full Name (Last, First, Middle Initial)
Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19547

Amount of Each Receipt this Period
25.00
contribution

B. Dr. Rick Lin
Full Name (Last, First, Middle Initial)
Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19897

Amount of Each Receipt this Period
25.00
contribution

C. Dr. Enrique Linan
Full Name (Last, First, Middle Initial)
Mailing Address 3003 Santo Olivia

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer
self-employee
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19548

Amount of Each Receipt this Period
25.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Enrique Linan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19898
 Amount of Each Receipt this Period **25.00**
 contribution

B. Dale Linebarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19549
 Amount of Each Receipt this Period **400.00**
 contribution

C. Dale Linebarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4400.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19899
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **825.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Linette Linsangan
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19550
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. Linette Linsangan
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19900
 Amount of Each Receipt this Period **100.00**
 contribution

C. Ms Lisa Longoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 South Excalibur Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **457.45**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19552
 Amount of Each Receipt this Period **50.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Lisa Longoria
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 South Excalibur Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **507.45**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19902
 Amount of Each Receipt this Period **50.00**
 contribution

B. Alfredo Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 7609 N. 24th Circle
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19554
 Amount of Each Receipt this Period **100.00**
 contribution

C. Alfredo Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 7609 N. 24th Circle
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19904
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 100 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sergio Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19556
 Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Sergio Lozano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19906
 Amount of Each Receipt this Period
 25.00
 contribution

C. Salil Mangi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 Sundown Court East
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19558
 Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3801 Sundown Court East

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19908

Amount of Each Receipt this Period
 250.00
 contribution

B. Dr. Roberto M. Mangoo-Karim
Full Name (Last, First, Middle Initial)

Mailing Address 3817 Sundown Ct

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19559

Amount of Each Receipt this Period
 250.00
 contribution

C. Dr. Roberto M. Mangoo-Karim
Full Name (Last, First, Middle Initial)

Mailing Address 3817 Sundown Ct

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19909

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19560

Amount of Each Receipt this Period
 400.00
 contribution

B. Carlos Manrique
Full Name (Last, First, Middle Initial)

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19910

Amount of Each Receipt this Period
 400.00
 contribution

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19561

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19911

Amount of Each Receipt this Period
 400.00

contribution

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

Mailing Address 1903 W. Smith

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19562

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 State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19912

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Robert Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 2809 Santa Lydia

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19563

Amount of Each Receipt this Period
 100.00
 contribution

B. Dr. Robert Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 2809 Santa Lydia

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19913

Amount of Each Receipt this Period
 100.00
 contribution

C. Santos Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 125 East Yucca

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2409.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19710

Amount of Each Receipt this Period
 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Santos Martinez		Date of Receipt 11 / 19 / 2012 Transaction ID : SA11AI.19914
Mailing Address 125 East Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2659.52	

Full Name (Last, First, Middle Initial) B. Dr. Israel Mata		Date of Receipt 10 / 19 / 2012 Transaction ID : SA11AI.19564
Mailing Address 2601 Lakeshore Drive		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Israel Mata		Date of Receipt 11 / 19 / 2012 Transaction ID : SA11AI.19915
Mailing Address 2601 Lakeshore Drive		Amount of Each Receipt this Period 50.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Nelson Mata
Full Name (Last, First, Middle Initial)
Mailing Address 1705 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19565

Amount of Each Receipt this Period

100.00

contribution

B. Dr. Nelson Mata
Full Name (Last, First, Middle Initial)
Mailing Address 1705 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19916

Amount of Each Receipt this Period

100.00

contribution

C. Ms Kimberely McNutt
Full Name (Last, First, Middle Initial)
Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19567

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Kimberely McNutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7716 N. 27th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 275.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19918
 Amount of Each Receipt this Period 250.00
 contribution

B. Dr. Javier Media
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 Oakwood Lane
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19919
 Amount of Each Receipt this Period 50.00
 contribution

C. Bertha Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 4000.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19569
 Amount of Each Receipt this Period 400.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶ 475.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 108 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19920

Amount of Each Receipt this Period
 400.00
 contribution

Full Name (Last, First, Middle Initial)
B. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City State Zip Code
McAllen TX 78504

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19570

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City State Zip Code
McAllen TX 78504

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

Name of Employer Occupation
self-employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19921

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Carlos Mego
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 McColl Circle
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19714
 Amount of Each Receipt this Period
400.00
 contribution

B. Dr. Carlos Mego
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 McColl Circle
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19922
 Amount of Each Receipt this Period
400.00
 contribution

C. Manuel Mercado
 Full Name (Last, First, Middle Initial)
 Mailing Address 3002 Santa Susana
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2493.11**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19574
 Amount of Each Receipt this Period
250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Manuel Mercado		Date of Receipt
Mailing Address 3002 Santa Susana		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19927
Name of Employer selfemployed		Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2743.11"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/> contribution

Full Name (Last, First, Middle Initial) B. Scott Meyer		Date of Receipt
Mailing Address 2100 School Lane		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19575
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="451.41"/>	
		Amount of Each Receipt this Period <input type="text" value="35.00"/> contribution

Full Name (Last, First, Middle Initial) C. Scott Meyer		Date of Receipt
Mailing Address 2100 School Lane		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19928
Name of Employer selfemployed		Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="486.41"/>	
		Amount of Each Receipt this Period <input type="text" value="35.00"/> contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="320.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)
Mailing Address 4914 Edinburg Road

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19576

Amount of Each Receipt this Period

25.00

contribution

B. Dr. Fausto Meza
Full Name (Last, First, Middle Initial)
Mailing Address 4914 Edinburg Road

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19929

Amount of Each Receipt this Period

25.00

contribution

C. Dr. Emil Milano
Full Name (Last, First, Middle Initial)
Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19577

Amount of Each Receipt this Period

100.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Emil Milano
Full Name (Last, First, Middle Initial)

Mailing Address 225 E. Cornell

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19930

Amount of Each Receipt this Period
 100.00

contribution

B. Carlos N Mohamed Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Michael Angelo

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19578

Amount of Each Receipt this Period
 100.00

contribution

C. Carlos N Mohamed Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2821 Michael Angelo

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19931

Amount of Each Receipt this Period
 100.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Samira T. Mohamed
Full Name (Last, First, Middle Initial)

Mailing Address 324 Heron

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19932

Amount of Each Receipt this Period
 50.00

contribution

B. Dr. Ruben Mohme
Full Name (Last, First, Middle Initial)

Mailing Address 7309 N. 4th Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19579

Amount of Each Receipt this Period
 100.00

contribution

C. Dr. Ruben Mohme
Full Name (Last, First, Middle Initial)

Mailing Address 7309 N. 4th Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19933

Amount of Each Receipt this Period
 100.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19580
 Amount of Each Receipt this Period **400.00**
 contribution

B. Dr. Armando Moncada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4400.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19934
 Amount of Each Receipt this Period **400.00**
 contribution

C. Carlos Morales
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19581
 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carlos Morales
Full Name (Last, First, Middle Initial)

Mailing Address 3325 Kent Lane

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19935

Amount of Each Receipt this Period
400.00
contribution

B. Leonel Moreno
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19583

Amount of Each Receipt this Period
250.00
contribution

C. Leonel Moreno
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19937

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 116 OF 188
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Sivakumari Nandipaty
Full Name (Last, First, Middle Initial)
Mailing Address 1509 N. Misty Lane

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19584

Amount of Each Receipt this Period
50.00
contribution

B. Dr. Sivakumari Nandipaty
Full Name (Last, First, Middle Initial)
Mailing Address 1509 N. Misty Lane

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19938

Amount of Each Receipt this Period
50.00
contribution

C. Dr. Jesse Naranjo
Full Name (Last, First, Middle Initial)
Mailing Address 3301 N. Cynthia Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer
self-employed
Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19585

Amount of Each Receipt this Period
100.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Jesse Naranjo
Full Name (Last, First, Middle Initial)

Mailing Address 3301 N. Cynthia Lane

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19939

Amount of Each Receipt this Period 100.00 contribution

B. Lauren Naylor
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Melinda Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19586

Amount of Each Receipt this Period 50.00 contribution

c. Lauren Naylor
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Melinda Drive

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19940

Amount of Each Receipt this Period 50.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. William O'Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 NE Augusta Square
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19587
 Amount of Each Receipt this Period **100.00**
 contribution

B. Dr. William O'Callaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 NE Augusta Square
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19941
 Amount of Each Receipt this Period **100.00**
 contribution

C. Dr. Alfonso Ochoa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19588
 Amount of Each Receipt this Period **100.00**
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Alfonso Ochoa		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19942
Mailing Address 1901 W. 18th Street		Amount of Each Receipt this Period 100.00 contribution
City Weslaco State TX Zip Code 78596	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Victor Ogunlana		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19589
Mailing Address 2604 Santa Teresa		Amount of Each Receipt this Period 100.00 contribution
City Mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation doctor	Aggregate Year-to-Date 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Victor Ogunlana		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19944
Mailing Address 2604 Santa Teresa		Amount of Each Receipt this Period 100.00 contribution
City Mission State TX Zip Code 78572	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation doctor	Aggregate Year-to-Date 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Noel Oliveira		Date of Receipt 10 / 19 / 2012 Transaction ID : SA11AI.19590
Mailing Address 9917 Bentsen Road		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Noel Oliveira		Date of Receipt 11 / 19 / 2012 Transaction ID : SA11AI.19945
Mailing Address 9917 Bentsen Road		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Dr. Athanaji Orfanos		Date of Receipt 10 / 19 / 2012 Transaction ID : SA11AI.19591
Mailing Address 3013 Lakeshore Drive		Amount of Each Receipt this Period 100.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 121 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Athanaji Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19946
 Amount of Each Receipt this Period 100.00
 contribution

B. Dr. John Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19592
 Amount of Each Receipt this Period 50.00
 contribution

C. Dr. John Orfanos
 Full Name (Last, First, Middle Initial)
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19947
 Amount of Each Receipt this Period 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 122 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2504 Xanthisma

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19593

Amount of Each Receipt this Period
 20.00
 contribution

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

Mailing Address 2504 Xanthisma

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19948

Amount of Each Receipt this Period
 20.00
 contribution

Full Name (Last, First, Middle Initial)
C. Juan Ortiz

Mailing Address 4501 N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19594

Amount of Each Receipt this Period
 50.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Ortiz
Full Name (Last, First, Middle Initial)

Mailing Address 4501 N. Cynthia

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19949

Amount of Each Receipt this Period
 50.00

contribution

B. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11AI.19595

Amount of Each Receipt this Period
 250.00

contribution

C. Armando Osio
Full Name (Last, First, Middle Initial)

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11AI.19590

Amount of Each Receipt this Period
 250.00

contribution

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

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

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

FOR LINE NUMBER: PAGE 124 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19596
 Amount of Each Receipt this Period 50.00
 contribution

B. Carmen Osorio-Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19591
 Amount of Each Receipt this Period 50.00
 contribution

C. Fernando Otero
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19597
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Fernando Otero
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19952

Amount of Each Receipt this Period
 250.00
 contribution

B. Kip Owen
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Red River

City mcallen State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19598

Amount of Each Receipt this Period
 100.00
 contribution

C. Kip Owen
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Red River

City mcallen State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19953

Amount of Each Receipt this Period
 100.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Esteban Palacios Jr.
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012
Transaction ID : SA11AI.19599

Amount of Each Receipt this Period
50.00
contribution

B. Mr. Esteban Palacios Jr.
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012
Transaction ID : SA11AI.19954

Amount of Each Receipt this Period
50.00
contribution

C. Prakash Palimar
Full Name (Last, First, Middle Initial)
Mailing Address 121 Canary

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012
Transaction ID : SA11AI.19600

Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 127 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19955

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19601

Amount of Each Receipt this Period
 100.00
 contribution

Full Name (Last, First, Middle Initial)
c. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19956

Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Guillermo Pechero
Full Name (Last, First, Middle Initial)
Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19602

Amount of Each Receipt this Period

250.00

contribution

B. Dr. Guillermo Pechero
Full Name (Last, First, Middle Initial)
Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19957

Amount of Each Receipt this Period

250.00

contribution

C. Eduardo Peguero
Full Name (Last, First, Middle Initial)
Mailing Address P.O.Box 5959

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19603

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Eduardo Peguero
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 5959

City McAllen State TX Zip Code 78502

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

Name of Employer Self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1650.00**

Date of Receipt **11 / 19 / 2012**

Transaction ID : SA11AI.19958

Amount of Each Receipt this Period **150.00**

contribution

B. Dr. Alberto Pena
Full Name (Last, First, Middle Initial)

Mailing Address 3716 Tigris

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **464.90**

Date of Receipt **10 / 19 / 2012**

Transaction ID : SA11AI.19604

Amount of Each Receipt this Period **50.00**

contribution

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

Mailing Address 3716 Tigris

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.90**

Date of Receipt **11 / 19 / 2012**

Transaction ID : SA11AI.19959

Amount of Each Receipt this Period **50.00**

contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jose Pena		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19605
Mailing Address 100 Bluebird		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jose Pena		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19960
Mailing Address 100 Bluebird		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 4400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Juan Pena		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19606
Mailing Address 905 S. Huisache Court		Amount of Each Receipt this Period 400.00 contribution
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation private investor		Aggregate Year-to-Date ▼ 4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Pena
Full Name (Last, First, Middle Initial)
Mailing Address 905 S. Huisache Court
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. C
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 4400.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19961
Amount of Each Receipt this Period 400.00
contribution

B. Dr. Raul Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3500 San Clemente
City Mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. C
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 825.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19607
Amount of Each Receipt this Period 125.00
contribution

C. Dr. Raul Pena
Full Name (Last, First, Middle Initial)
Mailing Address 3500 San Clemente
City Mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. C
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 950.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19962
Amount of Each Receipt this Period 125.00
contribution

SUBTOTAL of Receipts This Page (optional)..... 650.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ernie Perez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19608
Mailing Address P.O. Box 5360		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ernie Perez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19732
Mailing Address P.O. Box 5360		Amount of Each Receipt this Period 25.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Dr. Florencia Perez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19609
Mailing Address 4600 Victoria		Amount of Each Receipt this Period 200.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1396.10	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Florencia Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Victoria
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1596.10**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19963
 Amount of Each Receipt this Period **200.00**
 contribution

B. Dr. Francisco Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19611
 Amount of Each Receipt this Period **50.00**
 contribution

C. Dr. Francisco Perez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 12 / 2012**
Transaction ID : SA11AI.19964
 Amount of Each Receipt this Period **50.00**
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Irene Perez-Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 N. Nueces Park Lane
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19610
 Amount of Each Receipt this Period **50.00**
 contribution

B. Dr. Irene Perez-Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 N. Nueces Park Lane
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19965
 Amount of Each Receipt this Period **50.00**
 contribution

C. Claudia Pierson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1995.11**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19612
 Amount of Each Receipt this Period **400.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Claudia Pierson

Mailing Address 6912 N. Peking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2395.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11Al.19966

Amount of Each Receipt this Period
 400.00

contribution

Full Name (Last, First, Middle Initial)
B. Mr. Francisco Pina

Mailing Address 129 E. Jones

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012

Transaction ID : SA11Al.19613

Amount of Each Receipt this Period
 25.00

contribution

Full Name (Last, First, Middle Initial)
C. Mr. Francisco Pina

Mailing Address 129 E. Jones

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012

Transaction ID : SA11Al.19967

Amount of Each Receipt this Period
 25.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Jessica Porras
Full Name (Last, First, Middle Initial)
Mailing Address 5128 North 10th Street
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19614
Amount of Each Receipt this Period 250.00
contribution

B. Ms Jessica Porras
Full Name (Last, First, Middle Initial)
Mailing Address 5128 North 10th Street
City McAllen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation private investor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19968
Amount of Each Receipt this Period 250.00
contribution

C. Sergio Preciado
Full Name (Last, First, Middle Initial)
Mailing Address 521 E. Bluebird
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2303.88

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19615
Amount of Each Receipt this Period 250.00
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sergio Preciado
Full Name (Last, First, Middle Initial)
Mailing Address 521 E. Bluebird
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2553.88**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19969
Amount of Each Receipt this Period **250.00**
contribution

B. Dr. Ernesto Ramirez
Full Name (Last, First, Middle Initial)
Mailing Address P.O.Box 720298
City McAllen State TX Zip Code 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19617
Amount of Each Receipt this Period **100.00**
contribution

C. Dr. Ernesto Ramirez
Full Name (Last, First, Middle Initial)
Mailing Address P.O.Box 720298
City McAllen State TX Zip Code 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employee Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19972
Amount of Each Receipt this Period **100.00**
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Samuel Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 5201 N. 10th

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19973

Amount of Each Receipt this Period
 40.00
 contribution

B. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19619

Amount of Each Receipt this Period
 250.00
 contribution

C. Sergio Ramirez
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19974

Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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

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

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

FOR LINE NUMBER: PAGE 139 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gustavo Ramos
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physcain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3850.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19620
 Amount of Each Receipt this Period 250.00
 contribution

B. Gustavo Ramos
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physcain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19975
 Amount of Each Receipt this Period 250.00
 contribution

C. Dr. Keith Ramos
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 4412
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19976
 Amount of Each Receipt this Period 50.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **348.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19623

Amount of Each Receipt this Period

45.00

contribution

B. Mr. Mario Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 3213 Lance Lot Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **393.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.19978

Amount of Each Receipt this Period

45.00

contribution

c. Ms Soraya Rangel
Full Name (Last, First, Middle Initial)
Mailing Address 2010 S. Cynthia Ste 110

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19624

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ms Soraya Rangel		Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
McAllen	TX	78503
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.19979
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer selfemployed		contribution
Occupation private investor		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="256.56"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R.V. Reddy		Date of Receipt
Mailing Address 1500 Southland Drive		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
weslaco	TX	78596
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.19625
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer selfemployed		contribution
Occupation physician		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R.V. Reddy		Date of Receipt
Mailing Address 1500 Southland Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
weslaco	TX	78596
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.19981
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer selfemployed		contribution
Occupation physician		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 142 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Manuel Reinoso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 E Ridge suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19626
 Amount of Each Receipt this Period **250.00**
 contribution

B. Dr. Manuel Reinoso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 E Ridge suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19982
 Amount of Each Receipt this Period **25.00**
 contribution

C. William Restrepo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19627
 Amount of Each Receipt this Period **250.00**
 contribution

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

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

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

FOR LINE NUMBER: PAGE 143 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer Occupation
selfemployed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19983

Amount of Each Receipt this Period
 250.00
 contribution

Full Name (Last, First, Middle Initial)
B. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

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

Name of Employer Occupation
self-employee physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19628

Amount of Each Receipt this Period
 50.00
 contribution

Full Name (Last, First, Middle Initial)
C. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City State Zip Code
McAllen TX 78501

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

Name of Employer Occupation
self-employee physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19984

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Homero Rivas
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Houston

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2480.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19629

Amount of Each Receipt this Period
 250.00
 contribution

B. Homero Rivas
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Houston

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2730.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19985

Amount of Each Receipt this Period
 250.00
 contribution

C. Benjamin Robalino
Full Name (Last, First, Middle Initial)

Mailing Address 1217 S. Cynthia

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19630

Amount of Each Receipt this Period
 250.00
 contribution

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

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

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

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

FOR LINE NUMBER: PAGE 145 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Benjamin Robalino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 Date of Receipt: 11 / 19 / 2012
Transaction ID : SA11AI.19986
 Amount of Each Receipt this Period: 250.00
 contribution
 FEC ID number of contributing federal political committee: C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 2750.00

B. Mr. Martin Rocha
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 Date of Receipt: 10 / 19 / 2012
Transaction ID : SA11AI.19631
 Amount of Each Receipt this Period: 50.00
 contribution
 FEC ID number of contributing federal political committee: C
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 459.85

C. Mr. Martin Rocha
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 Date of Receipt: 11 / 19 / 2012
Transaction ID : SA11AI.19987
 Amount of Each Receipt this Period: 50.00
 contribution
 FEC ID number of contributing federal political committee: C
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 509.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 146 OF 188
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Ofelia Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19989
 Amount of Each Receipt this Period 50.00
 contribution

B. Dr. Robert Ruiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 James
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19635
 Amount of Each Receipt this Period 50.00
 contribution

C. Dr. Robert Ruiz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 James
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.19991
 Amount of Each Receipt this Period 50.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Paulette Saca
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19636
 Amount of Each Receipt this Period
 750.00
 contribution

B. Paulette Saca
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.19992
 Amount of Each Receipt this Period
 75.00
 contribution

C. Javier Saenz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 Monaco Drive
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19637
 Amount of Each Receipt this Period
 400.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Javier Saenz		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19993
Mailing Address 2308 Monaco Drive		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name (Last, First, Middle Initial) B. JJ Saenz		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19638
Mailing Address 2400 S.E. Augusta Square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. JJ Saenz		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19994
Mailing Address 2400 S.E. Augusta Square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Larry Safir		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19639
Mailing Address 3300 S. 2nd suite 10		Amount of Each Receipt this Period 400.00 contribution
City mcallen State TX Zip Code 78503	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00

Full Name (Last, First, Middle Initial) B. Larry Safir		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.19995
Mailing Address 3300 S. 2nd suite 10		Amount of Each Receipt this Period 400.00 contribution
City mcallen State TX Zip Code 78503	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00

Full Name (Last, First, Middle Initial) C. Juan Salazar		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19640
Mailing Address 801 E Nolana Loop		Amount of Each Receipt this Period 250.00 contribution
City McAllen State TX Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer selfemployed Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Juan Salazar
Full Name (Last, First, Middle Initial)

Mailing Address 801 E Nolana Loop

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11AI.19996

Amount of Each Receipt this Period
250.00

contribution

B. Dr. Leonardo Salcedo
Full Name (Last, First, Middle Initial)

Mailing Address 5409 N. 1st Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.19641

Amount of Each Receipt this Period
50.00

contribution

C. Dr. Leonardo Salcedo
Full Name (Last, First, Middle Initial)

Mailing Address 5409 N. 1st Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11AI.19997

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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Mariano Salinas
Full Name (Last, First, Middle Initial)
Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19642

Amount of Each Receipt this Period
100.00
contribution

B. Dr. Mariano Salinas
Full Name (Last, First, Middle Initial)
Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.19998

Amount of Each Receipt this Period
100.00
contribution

C. Elisa Garza Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address 3509 N. Glasscock

City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19643

Amount of Each Receipt this Period
125.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Elisa Garza Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3509 N. Glasscock
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1375.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.19999
 Amount of Each Receipt this Period **125.00**
 contribution

B. Manuel Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Santa Lydia
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19644
 Amount of Each Receipt this Period **100.00**
 contribution

C. Manuel Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 Santa Lydia
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.20000
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 153 OF 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mr. Victor Sanchez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19645
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Victor Sanchez		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20001
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms Elena Santoy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19646
Mailing Address 416 N. 17th Street		Amount of Each Receipt this Period 50.00 contribution
City Donna	State TX	Zip Code 78537
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ms Elena Santoy
Full Name (Last, First, Middle Initial)
Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.20002

Amount of Each Receipt this Period

300.00

contribution

B. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19647

Amount of Each Receipt this Period

30.00

contribution

C. Dr. Manuel Seas
Full Name (Last, First, Middle Initial)
Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.20003

Amount of Each Receipt this Period

30.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Michael Seiba
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 4556
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19648
 Amount of Each Receipt this Period
 250.00
 contribution

B. Michael Seiba
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 4556
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20004
 Amount of Each Receipt this Period
 250.00
 contribution

C. Dr. Samuel Serna
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19649
 Amount of Each Receipt this Period
 100.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Samuel Serna
Full Name (Last, First, Middle Initial)

Mailing Address 125 E. Cornell

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20005

Amount of Each Receipt this Period 100.00
contribution

B. Tawhid Shuaib
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Burns Drive

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19650

Amount of Each Receipt this Period 400.00
contribution

C. Tawhid Shuaib
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Burns Drive

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20006

Amount of Each Receipt this Period 400.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

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

FOR LINE NUMBER: PAGE 157 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Herschel Siberman
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19651
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Herschel Siberman
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20007
 Amount of Each Receipt this Period
 50.00
 contribution

C. Dennis Slavin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19652
 Amount of Each Receipt this Period
 100.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dennis Slavin		Date of Receipt 11 / 19 / 2012 Transaction ID : SA11AI.20008
Mailing Address 1501 S. Oklahoma		Amount of Each Receipt this Period 100.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Hilda Solis		Date of Receipt 10 / 19 / 2012 Transaction ID : SA11AI.19653
Mailing Address P.O.Box 3302		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer Self employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Hilda Solis		Date of Receipt 11 / 19 / 2012 Transaction ID : SA11AI.20009
Mailing Address P.O.Box 3302		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer Self employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Joel Solis
Full Name (Last, First, Middle Initial)

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1283.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19654

Amount of Each Receipt this Period
 150.00
 contribution

B. Joel Solis
Full Name (Last, First, Middle Initial)

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1433.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20010

Amount of Each Receipt this Period
 150.00
 contribution

C. Dr. Hector Soto
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19655

Amount of Each Receipt this Period
 400.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 160 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Hector Soto
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 South Greenbriar
 City State Zip Code
 McAllen TX 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20011
 Amount of Each Receipt this Period
 400.00
 contribution

B. Dr. Nelson Spinetti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Cornerstone Blvd
 City State Zip Code
 Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed self-employee physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20012
 Amount of Each Receipt this Period
 20.00
 contribution

C. Mr. Raul Sustaita
 Full Name (Last, First, Middle Initial)
 Mailing Address 1602 Scobey
 City State Zip Code
 Donna TX 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed private investor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19657
 Amount of Each Receipt this Period
 25.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 445.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Mr. Raul Sustaita		Date of Receipt
Mailing Address 1602 Scobey		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code Donna TX 78537		Transaction ID : SA11AI.20013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Occupation selfemployed private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>

Full Name (Last, First, Middle Initial) B. Dr. Jyothi Swarup		Date of Receipt
Mailing Address 8109 N. 1st Street		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code McAllen TX 78504		Transaction ID : SA11AI.19658
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Occupation selfemployed physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Dr. Jyothi Swarup		Date of Receipt
Mailing Address 8109 N. 1st Street		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code McAllen TX 78504		Transaction ID : SA11AI.20014
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Occupation selfemployed physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 162 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Wilson Sy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 N.Cynthia
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19659
 Amount of Each Receipt this Period
 50.00
 contribution

B. Dr. Wilson Sy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 N.Cynthia
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 selfemployed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20015
 Amount of Each Receipt this Period
 50.00
 contribution

C. Alejandro Tey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3012 Laurie Lane
 City State Zip Code
 Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self employed physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19661
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alejandro Tey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20017
Mailing Address 3012 Laurie Lane		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Jose Trejo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19664
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Jose Trejo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20020
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Krishna Turlapati		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19666
Mailing Address 9123 1st Street		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Krishna Turlapati		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20022
Mailing Address 9123 1st Street		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Susan Turley		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19667
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2461.95	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Susan Turley		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20023
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 2711.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19668
Mailing Address 2403 El Encino Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marcel Twahirwa		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20024
Mailing Address 2403 El Encino Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 2750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lourdes Uribe
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19669
 Amount of Each Receipt this Period **50.00**
 contribution

B. Lourdes Uribe
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.20025
 Amount of Each Receipt this Period **50.00**
 contribution

C. Dr. Theresa Valladares
 Full Name (Last, First, Middle Initial)
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : SA11AI.19670
 Amount of Each Receipt this Period **100.00**
 contribution

SUBTOTAL of Receipts This Page (optional)..... **200.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 167 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Theresa Valladares
 Full Name (Last, First, Middle Initial)
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20026
 Amount of Each Receipt this Period 100.00
 contribution

B. Jose Vasquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19535
 Amount of Each Receipt this Period 250.00
 contribution

C. Jose Vasquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20027
 Amount of Each Receipt this Period 250.00
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2404.87

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19673

Amount of Each Receipt this Period 250.00 contribution

B. Dr. Efraim Vela
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2654.87

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20032

Amount of Each Receipt this Period 250.00 contribution

C. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19676

Amount of Each Receipt this Period 400.00 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramiro Verdoreen
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20035

Amount of Each Receipt this Period
 400.00
 contribution

B. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : SA11AI.19677

Amount of Each Receipt this Period
 125.00
 contribution

C. Carlos Villalta
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.20037

Amount of Each Receipt this Period
 125.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
987.11

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19678

Amount of Each Receipt this Period
50.00
contribution

B. Rita Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1037.11

Date of Receipt
11 / 19 / 2012
Transaction ID : SA11AI.20038

Amount of Each Receipt this Period
50.00
contribution

C. Victor Villarreal
Full Name (Last, First, Middle Initial)

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
887.55

Date of Receipt
10 / 19 / 2012
Transaction ID : SA11AI.19679

Amount of Each Receipt this Period
90.00
contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Victor Villarreal
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 977.55

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20039
 Amount of Each Receipt this Period 90.00
 contribution

B. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1500.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19680
 Amount of Each Receipt this Period 150.00
 contribution

C. Roger Vitko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. C
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1650.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20040
 Amount of Each Receipt this Period 150.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... 390.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Raymond Walker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19681
Mailing Address 1117 Shallow apt 4		Amount of Each Receipt this Period 250.00 contribution
City mcallen State TX Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Full Name (Last, First, Middle Initial) B. Raymond Walker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20041
Mailing Address 1117 Shallow apt 4		Amount of Each Receipt this Period 250.00 contribution
City mcallen State TX Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00

Full Name (Last, First, Middle Initial) C. James Webb		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19682
Mailing Address 312 Redbud		Amount of Each Receipt this Period 150.00 contribution
City mcallen State TX Zip Code 78504	FEC ID number of contributing federal political committee. C	
Name of Employer self-employed Occupation private investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1055.36

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Webb		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20042
Mailing Address 312 Redbud		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1205.36	

Full Name (Last, First, Middle Initial) B. Patrick Wilcox		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19683
Mailing Address 111 Rio Grande		Amount of Each Receipt this Period 100.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Patrick Wilcox		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20043
Mailing Address 111 Rio Grande		Amount of Each Receipt this Period 100.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Subbarao Yarra		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19686
Mailing Address 6905 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Subbarao Yarra		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2012 Transaction ID : SA11AI.20046
Mailing Address 6905 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3400.00	

Full Name (Last, First, Middle Initial) c. Dr. Christopher Zaleski		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : SA11AI.19857
Mailing Address 6804 N. 1st		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Christopher Zaleski
Full Name (Last, First, Middle Initial)
Mailing Address 6804 N. 1st

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.20047

Amount of Each Receipt this Period

250.00

contribution

B. Hugo Zapata
Full Name (Last, First, Middle Initial)
Mailing Address 316 Xenops

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

Transaction ID : SA11AI.19688

Amount of Each Receipt this Period

400.00

contribution

c. Hugo Zapata
Full Name (Last, First, Middle Initial)
Mailing Address 316 Xenops

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.20048

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Dr. Livania Zavala-Spinetti
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 E Cornell
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19689
 Amount of Each Receipt this Period 250.00
 contribution

B. Dr. Livania Zavala-Spinetti
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 E Cornell
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 19 / 2012
Transaction ID : SA11AI.20049
 Amount of Each Receipt this Period 25.00
 contribution

C. Dr. Fuad Zayed
 Full Name (Last, First, Middle Initial)
 Mailing Address 1425 Sweet Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.19690
 Amount of Each Receipt this Period 75.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 177 OF 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 19 / 2012

Transaction ID : SA11AI.20050

Amount of Each Receipt this Period
75.00
 contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	81665.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB21B.19722

Amount of Each Disbursement this Period

2710.71

Full Name (Last, First, Middle Initial)

B. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

Transaction ID : SB21B.19728

Amount of Each Disbursement this Period

2710.71

Full Name (Last, First, Middle Initial)

C. Ms Eliza Alvardo

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2012			

Transaction ID : SB21B.19729

Amount of Each Disbursement this Period

2710.72

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

8132.14

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19720

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19727

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement
contract services - salary expenditure

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19730

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

Transaction ID : SB21B.19721

Amount of Each Disbursement this Period

590.87

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2012

Transaction ID : SB21B.19719

Amount of Each Disbursement this Period

2556.55

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2012

Transaction ID : SB21B.19726

Amount of Each Disbursement this Period

1988.16

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

5135.58

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement
contract services - salary expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19731

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19723

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19725

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement contribution

011

Candidate Name

XAVIER BECERRA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.20071**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. KEVIN BRADY

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement contribution

011

Candidate Name

KEVIN BRADY

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.20068**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MICHAEL C. DR. BURGESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement contribution

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.20073**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. FRANCISCO RAUL CANSECO

Mailing Address 10004 WURZBACH ROAD #366

City State Zip Code
SAN ANTONIO TX 78230

Purpose of Disbursement
contribution

011

Candidate Name

FRANCISCO RAUL CANSECO

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2012

Transaction ID : **SB23.20077**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS

Mailing Address 13173 OSBORNE STREET

City State Zip Code
PACOMIA CA 91331

Purpose of Disbursement
contribution

011

Candidate Name

TONY CARDENAS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2012

Transaction ID : **SB23.20078**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RICHARD CARMONA

Mailing Address PO BOX 12339

City State Zip Code
TUCSON AZ 85732

Purpose of Disbursement
contribution

011

Candidate Name

RICHARD CARMONA

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2012

Transaction ID : **SB23.20075**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JOAQUIN MR. CASTRO

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement contribution

011

Candidate Name

JOAQUIN MR. CASTRO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

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

Transaction ID : **SB23.20076**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PETE GALLEGO

Mailing Address PO BOX 1781

City SAN ANTONIO State TX Zip Code 78296

Purpose of Disbursement contribution

011

Candidate Name

PETE GALLEGO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

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

Transaction ID : **SB23.20065**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SHEILA JACKSON LEE

Mailing Address 4412 ALMEDA

City HOUSTON State TX Zip Code 77004

Purpose of Disbursement contribution

011

Candidate Name

SHEILA JACKSON LEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 18

Date of Disbursement

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

Transaction ID : **SB23.20072**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement
contribution

011

Candidate Name

PETER G OLSON

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB23.20070

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ED L PASTOR

Mailing Address 1151 WEST THOMAS RD

City State Zip Code
PHOENIX AZ 85013

Purpose of Disbursement
contribution

011

Candidate Name

ED L PASTOR

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : SB23.20066

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
contribution

011

Candidate Name

PETE SESSIONS

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB23.20074

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. RUIZ 2012 VICTORY FUND

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement contribution

011

Candidate Name

RAUL DR RUIZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SB23.20067

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MARC ALLISON VEASEY

Mailing Address PO BOX 50084

City FORT WORTH State TX Zip Code 76105

Purpose of Disbursement contribution

011

Candidate Name

MARC ALLISON VEASEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SB23.20069

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00

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

70000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 187 OF 188
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	Transaction ID : SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1800.00
2) TOTALS This Period (last page this line number only)..... ▶	1800.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.