

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 1210 W EXPRESSWAY 83 SUITE 10  
 Check if different than previously reported. (ACC)  
PHARR TX 78577

2. **FEC IDENTIFICATION NUMBER** C00415752 **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date 01 26 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		49015.62
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	361221.49									
(c) Total Receipts (from Line 19) .....	27161.51	349416.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	388383.00	398431.85								
7. Total Disbursements (from Line 31) .....	0.00	10048.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	388383.00	388383.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	27111.51	345469.09
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	50.00	3947.14
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27161.51	349416.23
(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) .....	27161.51	349416.23
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	0.00
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 Transfer (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)) .....	27161.51	349416.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27161.51	349416.23

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	0.00	48.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	48.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	0.00	10048.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	10048.85

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	27161.51	349416.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27161.51	349416.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	48.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	48.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<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) Charity Abreu		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1619 heritage lane		Transaction ID: SA11A1.5798	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 3000.00		

Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 104 augusta square		Transaction ID: SA11A1.5799	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 3000.00		

Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5505 N. 4th		Transaction ID: SA11A1.5801	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 2922.49		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<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) <b>A. Michael Amyx</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2108 Mynah		Transaction ID: SA11A1.5802	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dario Arango</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 7004 N. Cynthia		Transaction ID: SA11A1.5803	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Murphy Badiga</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1503 S. Airport suite 6		Transaction ID: SA11A1.5804	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Occupation physician	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<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) <b>A. Cayetano Barrera</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11A1.5805	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Ricardo Barrera</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 420 Frio		Transaction ID: SA11A1.5806	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Juan Bernini</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2804 Santa Ana		Transaction ID: SA11A1.5807	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<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) <b>A.</b> Sarojini Bose		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 7007 N 1st Lane		Transaction ID: SA11A1.5808	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Francisco Bracamontes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2005 Cimarron Court		Transaction ID: SA11A1.5809	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Brace		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2000 N. 8th Street		Transaction ID: SA11A1.5810	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<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) <b>A.</b> Alonzo Cantu		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address P.O.Box 2673		Transaction ID: SA11A1.5811	
City State Zip Code mcallen TX 78502	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carlos Cardenas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1000 N. Taylor Road		Transaction ID: SA11A1.5812	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jose Carreras		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1016 E. Griffin Parkway		Transaction ID: SA11A1.5856	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<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) <b>A. Augusto Castrillon</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 223 Rio Grande Drive		<b>Transaction ID: SA11A1.5813</b>
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Norma Cavazos-Salas</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2301 N. Bryan Road		<b>Transaction ID: SA11A1.5814</b>
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. R. Chandrasekharan</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1210 East 8th street suite 1		<b>Transaction ID: SA11A1.5815</b>
City State Zip Code weslaco TX 78591	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	contribution	
Name of Employer self-employed Occupation self-employed physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<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) <b>A.</b> Diana Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1400 Northgate Lane		Transaction ID: SA11A1.5818	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 131.39
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1409.68	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Guillermo Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1224 Northgate Lane		Transaction ID: SA11A1.5816	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 146.61
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1572.98	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Javier Cortinas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1400 Northgate		Transaction ID: SA11A1.5817	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 175.37
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 1881.57	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	453.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<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) <b>A. David Deanda</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2408 Dorado		Transaction ID: SA11A1.5821	
City mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Jorge De La Garza</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 120 Condor		Transaction ID: SA11A1.5820	
City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2818.84		

Full Name (Last, First, Middle Initial) <b>C. Alberto Duran</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1615 Palazzo		Transaction ID: SA11A1.5822	
City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<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) <b>A. Kotthegal Eshwar</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 108 Yellow Hammer		Transaction ID: SA11A1.5823	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 2800.00		

Full Name (Last, First, Middle Initial) <b>B. Antonio Esparza</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 136 W. Yucca		Transaction ID: SA11A1.5824	
City mcallent	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 3250.00		

Full Name (Last, First, Middle Initial) <b>C. Antonio Falcon</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2768 Pharmacy Road		Transaction ID: SA11A1.5826	
City rio grande city	State TX	Zip Code 78582	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5825

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 2309 W. Greenbriar Square

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1572.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5828

Amount of Each Receipt this Period  
146.60

contribution

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

Mailing Address 320 Primrose

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5829

Amount of Each Receipt this Period  
250.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	646.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<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. Full Name (Last, First, Middle Initial) Eugenio Galindo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5936 N. Cynthia		Transaction ID: SA11A1.5830	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2800 Santa Teresa		Transaction ID: SA11A1.5831	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	

C. Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2712 E. Mile 5 Road		Transaction ID: SA11A1.5832	
City State Zip Code mission TX 78574	Amount of Each Receipt this Period 29.32		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician	Aggregate Year-to-Date ▼ 314.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	529.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Potenciano Garcia Mailing Address 5800 N. 1st Lane City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID: SA11A1.5833</b> Amount of Each Receipt this Period 125.00 contribution
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 ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID: SA11A1.5834</b> Amount of Each Receipt this Period 250.00 contribution
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 ▼ 3000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City mcallen State TX Zip Code 78503 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID: SA11A1.5835</b> Amount of Each Receipt this Period 250.00 contribution
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 ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2136.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5836

Amount of Each Receipt this Period  
199.17

contribution

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

Mailing Address 106 W. Flamingo

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5800

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P.O. Box 9817

City State Zip Code  
alamo TX 78516

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

Name of Employer selfemployed Occupation  
selfemployed private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2277.82

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5837

Amount of Each Receipt this Period  
212.31

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 661.48

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<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.** Full Name (Last, First, Middle Initial)  
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 ▼ 1409.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5838

Amount of Each Receipt this Period  
131.39

contribution

**B.** Full Name (Last, First, Middle Initial)  
Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5839

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5840

Amount of Each Receipt this Period  
250.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>631.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<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) <b>A.</b> Verley Gordon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11A1.5841
City mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
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 ▼ 2805.14	

Full Name (Last, First, Middle Initial) <b>B.</b> Enrique Griego		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 905 Inspiratin Drive		Transaction ID: SA11A1.5842
City pharr State TX Zip Code 78577	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Guerra		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3105 Forest Court		Transaction ID: SA11A1.5843
City mission State TX Zip Code 78572	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 46
	<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) <b>A. Marcy Guerra</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 13337 Borolo Drive		Transaction ID: SA11A1.5844	
City State Zip Code edinburg TX 78541	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Rodolfo Guerrero</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1402 E. 8th Street		Transaction ID: SA11A1.5845	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2866.28		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Alberto Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 6020 Wisconsin		Transaction ID: SA11A1.5846	
City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code  
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5847

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 224 Lindberg

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5848

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 4008 Burns Drive South

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5849

Amount of Each Receipt this Period  
250.00

contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 46
	<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) <b>A. Robert Helbing</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 820 Tamarack		Transaction ID: SA11A1.5850	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 104.29
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1118.89	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Maximiliano Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Transaction ID: SA11A1.5852	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 3500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Maria Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 802 Inspiration Road		Transaction ID: SA11A1.5853	
City pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	604.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 46
	<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. Vincent Honrubia		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 204 Rio Grande		Transaction ID: SA11A1.5854
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
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. Donna Joule		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 708 S H Street		Transaction ID: SA11A1.5855
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer selfemployed	Occupation physician	contribution
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. Nelson Kalaf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 5401 N. 8th Street		Transaction ID: SA11A1.5857
City mcAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 46
	<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) <b>A. Gauri Kanhere</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2548 Palm Circle		<b>Transaction ID: SA11A1.5858</b>	
City State Zip Code rio grande city TX 78582	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Gholam Kiani</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 213 e. Xenops		<b>Transaction ID: SA11A1.5859</b>	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. Mary Elizabeth Klenz</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 5111 N. 10th Street		<b>Transaction ID: SA11A1.5860</b>	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Alejandro Kudisch

Mailing Address 323 Nightingale

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5861

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code  
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5862

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5864

Amount of Each Receipt this Period  
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Dale Linebarger

Mailing Address 901 West 9th Street #405

City State Zip Code  
austin TX 78703

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5866

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Joseph Litam

Mailing Address 5408 N. 1st

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5867

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 7609 N. 24th Circle

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5868

Amount of Each Receipt this Period  
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Julio Lopez

Mailing Address 1311 6th E. Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 986.77

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2006

Transaction ID: SA11A1.5869

Amount of Each Receipt this Period  
91.97

contribution

**B.** Full Name (Last, First, Middle Initial)  
Salil Mangi

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 ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2006

Transaction ID: SA11A1.5870

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Carlos Manrique

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2006

Transaction ID: SA11A1.5871

Amount of Each Receipt this Period  
250.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	591.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5872

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5873

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Ricardo Martinez

Mailing Address 1903 W. Smith

City State Zip Code  
edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5874

Amount of Each Receipt this Period  
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 46
	<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) <b>A. Santos Martinez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 125 East Yucca		Transaction ID: SA11A1.5875	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Occupation private investor	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Pedro McDougal</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1516 Iris		Transaction ID: SA11A1.5876	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Bertha Medina</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1300 1 1/2 Street		Transaction ID: SA11A1.5877	
City State Zip Code mcallen TX 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2816.83

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** SA11A1.5878

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Carlos Mohamed

Mailing Address 5408 N. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** SA11A1.5879

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** SA11A1.5880

Amount of Each Receipt this Period  
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 46
	<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) <b>A. Leonel Moreno</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1608 Woods Drive		<b>Transaction ID: SA11A1.5881</b>	
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 146.61		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1572.98		

Full Name (Last, First, Middle Initial) <b>B. Gregoris Nunez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1604 East Eight suite b		<b>Transaction ID: SA11A1.5882</b>	
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 131.39		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1409.68		

Full Name (Last, First, Middle Initial) <b>C. Juan Ortiz</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 4501 N. Cynthia		<b>Transaction ID: SA11A1.5883</b>	
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	528.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 46
	<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) <b>A.</b> Armando Osio		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 600 Tulip		<b>Transaction ID:</b> SA11A1.5884
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
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>B.</b> Fernando Otero		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 121 E. Quamasia #148		<b>Transaction ID:</b> SA11A1.5885
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kip Owen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2305 Red River		<b>Transaction ID:</b> SA11A1.5886
City mcallen	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2816.83	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 46
	<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) <b>A. Prakash Palimar</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2006	
Mailing Address 121 Canary		Transaction ID: SA11A1.5887	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Umesh Pathak</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2006	
Mailing Address 2004 Alexander Drive		Transaction ID: SA11A1.5888	
City weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 131.39
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 1409.68		

Full Name (Last, First, Middle Initial) <b>C. Jose Pena</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2006	
Mailing Address 100 Bluebird		Transaction ID: SA11A1.5889	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
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 ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	631.39
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 46
	<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) <b>A. Juan Pena</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 905 S. Huisache Court		Transaction ID: SA11A1.5890	
City pharr State TX Zip Code 78577	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Ernie Perez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address P.O. Box 5360		Transaction ID: SA11A1.5891	
City mcallen State TX Zip Code 78502	Amount of Each Receipt this Period 65.70		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 868.87		

Full Name (Last, First, Middle Initial) <b>C. Claudia Pierson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 6912 N. Peking		Transaction ID: SA11A1.5892	
City mcallen State TX Zip Code 78501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2758.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	565.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 46
	<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) <b>A. Sergio Preciado</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 521 E. Bluebird		Transaction ID: SA11A1.5893	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 146.61
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1572.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Sergio Ramirez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1608 Woods Drive		Transaction ID: SA11A1.5894	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gustavo Ramos</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1301 S. Perking		Transaction ID: SA11A1.5895	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physicaian	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	646.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 46
	<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) <b>A.</b> R.V. Reddy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1500 Southland Drive		Transaction ID: SA11A1.5896
City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2864.61	

Full Name (Last, First, Middle Initial) <b>B.</b> Alvaro Restrepo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 120 Bluebird		Transaction ID: SA11A1.5897
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For:	Occupation physician	
<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>C.</b> William Restrepo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 1117 S. Cynthia		Transaction ID: SA11A1.5898
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For:	Occupation physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5899

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5900

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Jose Rodriguez

Mailing Address 8500 N. Taylor

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5901

Amount of Each Receipt this Period  
250.00

contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 46
	<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) <b>A. Paulette Saca</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 109 Condor		Transaction ID: SA11A1.5902	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed Receipt For:	Occupation private investor	Aggregate Year-to-Date ▼ 1750.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Javier Saenz</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2308 Monaco Drive		Transaction ID: SA11A1.5904	
City mission	State TX	Zip Code 78574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JJ Saenz</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11A1.5903	
City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed Receipt For:	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 46
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3300 S. 2nd suite 10		<b>Transaction ID:</b> SA11A1.5863
City mcallen State TX Zip Code 78503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 3000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mariano Salinas		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2007 Brazos Court		<b>Transaction ID:</b> SA11A1.5905
City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Manuel Sanchez		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2804 Santa Lydia		<b>Transaction ID:</b> SA11A1.5906
City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution
Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Michael Seiba

Mailing Address P. O. Box 4556

City State Zip Code  
mcallen TX 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 ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5907

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
John Sharp

Mailing Address P. O.Box 236

City State Zip Code  
austin TX 78767

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5908

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3209.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5909

Amount of Each Receipt this Period  
250.00

contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 46
	<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.** Full Name (Last, First, Middle Initial)  
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2788.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5910

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Jose Trejo

Mailing Address 112 S. Broadway

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 ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5911

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 205 E. Toronto

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5912

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 46
	<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) <b>A. Susan Turley</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 312 Thunderbird		Transaction ID: SA11A1.5913	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer self-employed	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Marcel Twahirwa</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2403 El Encino Drive		Transaction ID: SA11A1.5914	
City mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 3250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jose Vasquez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2548 Palm Circle		Transaction ID: SA11A1.5915	
City rio grande city	State TX	Zip Code 78582	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 46
	<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) <b>A. Ramiro Verdoreen</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 301 E. Newport		Transaction ID: SA11A1.5916	
City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Carlos Villalta</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address P. O. Box 1632		Transaction ID: SA11A1.5917	
City mission	State TX	Zip Code 78573	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rita Villanueva</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11A1.5918	
City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period 160.71
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer selfemployed selfemployed	Occupation physician	Aggregate Year-to-Date ▼ 2045.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	535.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 46
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore City pharr State TX Zip Code 78577 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.5919 Amount of Each Receipt this Period 131.39 contribution
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 ▼ 1147.20		

<b>B.</b> Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.5920 Amount of Each Receipt this Period 250.00 contribution
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 ▼ 3000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen State TX Zip Code 78504 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.5921 Amount of Each Receipt this Period 104.29 contribution
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 ▼ 1147.83		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>485.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 46
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 111 Rio Grande		<b>Transaction ID:</b> SA11A1.5923
City State Zip Code mission TX 78572	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Hugo Zapata		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 316 Xenops		<b>Transaction ID:</b> SA11A1.5925
City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	contribution	
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 3500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	27111.51