

# 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  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

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 04 01 2009 through 06 30 2009

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 07 15 2009

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		832724.43
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	904587.82									
(c) Total Receipts (from Line 19) .....	91713.12	176284.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	996300.94	1009008.67								
7. Total Disbursements (from Line 31) .....	60033.10	72740.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	936267.84	936267.84								
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) .....	1800.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	83869.54	161718.09
(ii) Unitemized .....	2843.58	9566.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	86713.12	171284.24
(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) .....	86713.12	171284.24
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 .....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	91713.12	176284.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	91713.12	176284.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	10033.10	12740.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10033.10	12740.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	60000.00
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))..	60033.10	72740.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60033.10	72740.83

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	86713.12	171284.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86713.12	171284.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10033.10	12740.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10033.10	12740.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Charity Abreu	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 1619 heritage lane	<b>Transaction ID:</b> SA11AI.9556
	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 self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charity Abreu	Date of Receipt MM / DD / YYYY 05 / 20 / 2009
	Mailing Address 1619 heritage lane	<b>Transaction ID:</b> SA11AI.9722
	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 self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charity Abreu	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 1619 heritage lane	<b>Transaction ID:</b> SA11AI.9891
	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 self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 200  
E. Xenops

City State Zip Code  
McAllen TX 78504

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

Name of Employer Self employed Occupation  
Self employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9557

Amount of Each Receipt this Period

150.00

contribution

**B.**

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

Mailing Address 200  
E. Xenops

City State Zip Code  
McAllen TX 78504

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

Name of Employer Self employed Occupation  
Self employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9723

Amount of Each Receipt this Period

150.00

contribution

**C.**

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

Mailing Address 200  
E. Xenops

City State Zip Code  
McAllen TX 78504

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

Name of Employer Self employed Occupation  
Self employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9892

Amount of Each Receipt this Period

150.00

contribution

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

450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 144
	<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) Ruben Abreu	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 104 augusta square	<b>Transaction ID:</b> SA11AI.9558
	City State Zip Code mcallen TX 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-employee Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ruben Abreu	Date of Receipt MM / DD / YYYY 05 / 20 / 2009
	Mailing Address 104 augusta square	<b>Transaction ID:</b> SA11AI.9724
	City State Zip Code mcallen TX 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-employee Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ruben Abreu	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 104 augusta square	<b>Transaction ID:</b> SA11AI.9893
	City State Zip Code mcallen TX 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-employee Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 144  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Juan Aguilera</p> <p>Mailing Address 807 North Cage</p> <p>City State Zip Code Pharr TX 78577</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 10 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.9559</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Juan Aguilera</p> <p>Mailing Address 807 North Cage</p> <p>City State Zip Code Pharr TX 78577</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 20 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.9725</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Juan Aguilera</p> <p>Mailing Address 807 North Cage</p> <p>City State Zip Code Pharr TX 78577</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.9894</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 10 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Alleyn  
Mailing Address 5505 N. 4th  
City State Zip Code  
mcallen TX 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9561  
Amount of Each Receipt this Period: 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Alleyn  
Mailing Address 5505 N. 4th  
City State Zip Code  
mcallen TX 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9727  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Alleyn  
Mailing Address 5505 N. 4th  
City State Zip Code  
mcallen TX 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.9896  
Amount of Each Receipt this Period: 250.00  
contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9562

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9728

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9897

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 7004  
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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9563

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 7004  
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 ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9729

Amount of Each Receipt this Period

250.00

contribution

**C.**

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

Mailing Address 7004  
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 ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9898

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 144  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 129 Bluebird

City State Zip Code  
Mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9730

Amount of Each Receipt this Period  
50.00

contribution

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

Mailing Address 129 Bluebird

City State Zip Code  
Mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9899

Amount of Each Receipt this Period  
50.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Murphy Badiga

Mailing Address 1503 S. Airport suite 6

City State Zip Code  
weslaco TX 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9566

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 144  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Murphy Badiga

Mailing Address 1503 S. Airport  
suite 6

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9732  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Murphy Badiga

Mailing Address 1503 S. Airport  
suite 6

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 18 / 2009  
Transaction ID: SA11AI.9901  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9733  
Amount of Each Receipt this Period 50.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9902

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9568

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9734

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 144

(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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9903

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code  
mission TX 78574

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9569

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code  
mission TX 78574

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9735

Amount of Each Receipt this Period  
250.00

contribution

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

750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

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

Mailing Address 2804 Santa Ana

City State Zip Code  
mission TX 78574

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9904

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 7007 N 1st Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9570

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 7007 N 1st Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9736

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 7007 N 1st Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9905

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9571

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9737

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.9906

Amount of Each Receipt this Period 250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Brace

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 10 / 2009

Transaction ID: SA11AI.9572

Amount of Each Receipt this Period 250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Brace

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9738

Amount of Each Receipt this Period 250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2000 N. 8th Street

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9907

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P.O.Box 2673

City State Zip Code  
mcallen TX 78502

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9574

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address P.O.Box 2673

City State Zip Code  
mcallen TX 78502

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9740

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Alonzo Cantu  
Mailing Address P.O.Box 2673  
City mcallen State TX Zip Code 78502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 06 / 18 / 2009  
Transaction ID: SA11AI.9909  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Carlos Cardenas  
Mailing Address 1000 N. Taylor Road  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: SA11AI.9575  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Carlos Cardenas  
Mailing Address 1000 N. Taylor Road  
City mcallen State TX Zip Code 78501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9741  
Amount of Each Receipt this Period 250.00  
contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 144  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9910

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9576

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9742

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jose Carreras  
 Mailing Address 1016 E. Griffin Parkway  
 City State Zip Code  
mission TX 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00  
 Date of Receipt MM / DD / YYYY 06 / 18 / 2009  
**Transaction ID:** SA11AI.9911  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Eduardo Carrillo  
 Mailing Address 2300 Silverado North  
 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 ▼ 300.00  
 Date of Receipt MM / DD / YYYY 04 / 10 / 2009  
**Transaction ID:** SA11AI.9577  
 Amount of Each Receipt this Period 150.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eduardo Carrillo  
 Mailing Address 2300 Silverado North  
 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 ▼ 450.00  
 Date of Receipt MM / DD / YYYY 05 / 20 / 2009  
**Transaction ID:** SA11AI.9743  
 Amount of Each Receipt this Period 150.00  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 24 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Eduardo Carrillo

Mailing Address 2300 Silverado North

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.9912

Amount of Each Receipt this Period 150.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Marissa Castaneda

Mailing Address 5021 Elk Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9744

Amount of Each Receipt this Period 50.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Marissa Castaneda

Mailing Address 5021 Elk Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.9913

Amount of Each Receipt this Period 50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9579

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9745

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9914

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9580

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9746

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9915

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
R. Chandrasekharan

Mailing Address 1210 East 8th street  
suite 1

City State Zip Code  
weslaco TX 78591

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9581

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
R. Chandrasekharan

Mailing Address 1210 East 8th street  
suite 1

City State Zip Code  
weslaco TX 78591

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9747

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
R. Chandrasekharan

Mailing Address 1210 East 8th street  
suite 1

City State Zip Code  
weslaco TX 78591

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9916

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Margaret Coon  
 Mailing Address 3904 Bluejay drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 953.46  
 Date of Receipt 04 / 10 / 2009  
**Transaction ID:** SA11AI.9583  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Margaret Coon  
 Mailing Address 3904 Bluejay drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1203.46  
 Date of Receipt 05 / 20 / 2009  
**Transaction ID:** SA11AI.9749  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Margaret Coon  
 Mailing Address 3904 Bluejay drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.79  
 Date of Receipt 06 / 18 / 2009  
**Transaction ID:** SA11AI.9918  
 Amount of Each Receipt this Period 172.33  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **672.33**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 29 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1400 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9584

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9750

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1441.68

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9919

Amount of Each Receipt this Period  
191.68

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **691.68**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 693.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9585

Amount of Each Receipt this Period  
184.83

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 943.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9752

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1139.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9920

Amount of Each Receipt this Period  
195.94

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **630.77**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

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

Mailing Address 1400 Northgate

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID: SA11AI.9586**

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 1400 Northgate

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID: SA11AI.9754**

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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

Mailing Address 1400 Northgate

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID: SA11AI.9921**

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Darling

Mailing Address 1225 E Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9588

Amount of Each Receipt this Period  
150.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Darling

Mailing Address 1225 E Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9755

Amount of Each Receipt this Period  
150.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
James Darling

Mailing Address 1225 E Peking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9922

Amount of Each Receipt this Period  
150.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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



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

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

FOR LINE NUMBER: PAGE 33 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: SA11AI.9590**  
 Amount of Each Receipt this Period: 250.00  
 contribution

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID: SA11AI.9757**  
 Amount of Each Receipt this Period: 250.00  
 contribution

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.9924**  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 10 / 2009

**Transaction ID:** SA11AI.9591

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 20 / 2009

**Transaction ID:** SA11AI.9758

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2009

**Transaction ID:** SA11AI.9925

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9592

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

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 ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9759

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

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 ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9926

Amount of Each Receipt this Period

150.00

contribution

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

450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 144  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: SA11AI.9594**  
 Amount of Each Receipt this Period: 250.00  
 contribution

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

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID: SA11AI.9761**  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Alberto Duran

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.9928**  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9763

Amount of Each Receipt this Period

50.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9930

Amount of Each Receipt this Period

50.00

contribution

**C.**

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

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9597

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 144  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9764

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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

Mailing Address 136 W. Yucca

City State Zip Code  
mcallent TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9931

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9598

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9765

Amount of Each Receipt this Period

250.00

contribution

**B.**

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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9932

Amount of Each Receipt this Period

250.00

contribution

**C.**

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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9599

Amount of Each Receipt this Period

100.00

contribution

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

600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9766

Amount of Each Receipt this Period

100.00

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) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9933

Amount of Each Receipt this Period

100.00

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) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9600

Amount of Each Receipt this Period

250.00

contribution

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

450.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9767

Amount of Each Receipt this Period  
250.00

contribution

**B.** 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9934

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9602

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9769

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9936

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code  
mission TX 78572

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9603

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code  
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9770

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code  
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9937

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code  
Mission TX 78574

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9604

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 2712 E Mile 5 Road		<b>Transaction ID:</b> SA11AI.9771
City Mission	State TX	Zip Code 78574
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 ▼ 1250.00	

**B.**

Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 2712 E Mile 5 Road		<b>Transaction ID:</b> SA11AI.9938
City Mission	State TX	Zip Code 78574
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 ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 5404 N. 1st street		<b>Transaction ID:</b> SA11AI.9607
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 private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 144  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Rene Garza		Date of Receipt MM / DD / YYYY 05 / 20 / 2009		
	Mailing Address 5404 N. 1st street		Transaction ID: SA11AI.9774		
	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 private investor	Aggregate Year-to-Date 1250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Rene Garza		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address 5404 N. 1st street		Transaction ID: SA11AI.9941		
	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 private investor	Aggregate Year-to-Date 1500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence Gelman		Date of Receipt MM / DD / YYYY 04 / 10 / 2009		
	Mailing Address 3900 Sundown Drive		Transaction ID: SA11AI.9608		
	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	Occupation physician	Aggregate Year-to-Date 1000.00		

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9775

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9942

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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 physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
969.35

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9609

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Genovese  
 Mailing Address 2208 Summer Breeze  
 City mission State TX Zip Code 78572  
 Date of Receipt 05 / 20 / 2009  
**Transaction ID:** SA11AI.9776  
 Amount of Each Receipt this Period 250.00  
 contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1219.35

**B.** Full Name (Last, First, Middle Initial)  
Robert Genovese  
 Mailing Address 2208 Summer Breeze  
 City mission State TX Zip Code 78572  
 Date of Receipt 06 / 18 / 2009  
**Transaction ID:** SA11AI.9943  
 Amount of Each Receipt this Period 185.79  
 contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1405.14

**C.** Full Name (Last, First, Middle Initial)  
Alvaro Giraldo  
 Mailing Address 106 W. Flamingo  
 City mcallen State TX Zip Code 78504  
 Date of Receipt 04 / 10 / 2009  
**Transaction ID:** SA11AI.9610  
 Amount of Each Receipt this Period 100.00  
 contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 535.79  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 48 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9777

Amount of Each Receipt this Period  
100.00

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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9944

Amount of Each Receipt this Period  
100.00

contribution

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

Mailing Address 2305 Monaco Drive

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9614

Amount of Each Receipt this Period  
250.00

contribution

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

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



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

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

FOR LINE NUMBER: PAGE 49 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1250.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9781

Amount of Each Receipt this Period contribution 250.00

**B.** 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 ▼ 1500.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.9948

Amount of Each Receipt this Period contribution 250.00

**C.** 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 ▼ 1000.00

Date of Receipt 04 / 10 / 2009

Transaction ID: SA11AI.9615

Amount of Each Receipt this Period contribution 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jaime Gonzalez  
Mailing Address 3511 Plazas del Lago

City State Zip Code  
edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9782

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Jaime Gonzalez  
Mailing Address 3511 Plazas del Lago

City State Zip Code  
edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9949

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson  
Mailing Address 1501 Meadwood

City State Zip Code  
weslaco TX 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9613

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson  
Mailing Address 1501 Meadwood

City State Zip Code  
weslaco TX 78596

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9780

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Juan Gonzalez-Dickson  
Mailing Address 1501 Meadwood

City State Zip Code  
weslaco TX 78596

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9946

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Verley Gordon  
Mailing Address 1700 E. Mile 3 Road

City State Zip Code  
mission TX 78574

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9616

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 144  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID:** SA11AI.9784  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.**

Full Name (Last, First, Middle Initial)  
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID:** SA11AI.9951  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.**

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

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** SA11AI.9617  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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

Mailing Address 905 Inspiratin Drive

City State Zip Code  
pharr TX 78577

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9785

Amount of Each Receipt this Period

250.00

contribution

**B.**

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

Mailing Address 905 Inspiratin Drive

City State Zip Code  
pharr TX 78577

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9952

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Guerra

Mailing Address 3105 Forest Court

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9619

Amount of Each Receipt this Period

100.00

contribution

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
John Guerra

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID: SA11AI.9787**  
 Amount of Each Receipt this Period: 100.00  
 contribution

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

Mailing Address 3105 Forest Court

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.9954**  
 Amount of Each Receipt this Period: 100.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Marcy Guerra

Mailing Address 13337 Borolo Drive

City edinburg State TX Zip Code 78541

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: SA11AI.9620**  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Marcy Guerra  
 Mailing Address 13337 Borolo Drive  
 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 ▼ 1250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 9  
**Transaction ID:** SA11AI.9788  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Marcy Guerra  
 Mailing Address 13337 Borolo Drive  
 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 ▼ 1500.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 6 / 1 8 / 2 0 0 9  
**Transaction ID:** SA11AI.9955  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Rodolfo Guerrero  
 Mailing Address 1402 E. 8th Street  
 City State Zip Code  
 weslaco TX 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.9621  
 Amount of Each Receipt this Period 250.00  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 56 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Rodolfo Guerrero  
Mailing Address 1402 E. 8th Street  
City weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9789  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Rodolfo Guerrero  
Mailing Address 1402 E. 8th Street  
City weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1473.25  
Date of Receipt 06 / 18 / 2009  
Transaction ID: SA11AI.9956  
Amount of Each Receipt this Period 223.25  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Alberto Gutierrez  
Mailing Address 6020 Wisconsin  
City edinburg State TX Zip Code 78539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: SA11AI.9622  
Amount of Each Receipt this Period 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 723.25  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 6020 Wisconsin

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 ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9790

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 6020 Wisconsin

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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9957

Amount of Each Receipt this Period  
250.00

contribution

**C.** 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9623

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1250.00  
 Date of Receipt MM / DD / YYYY 05 / 20 / 2009  
**Transaction ID:** SA11AI.9791  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** 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 ▼ 1500.00  
 Date of Receipt MM / DD / YYYY 06 / 18 / 2009  
**Transaction ID:** SA11AI.9958  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.** 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 ▼ 1000.00  
 Date of Receipt MM / DD / YYYY 04 / 10 / 2009  
**Transaction ID:** SA11AI.9624  
 Amount of Each Receipt this Period 250.00  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 59 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1250.00  
 Date of Receipt MM / DD / YYYY 05 / 20 / 2009  
**Transaction ID:** SA11AI.9792  
 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 ▼ 1500.00  
 Date of Receipt MM / DD / YYYY 06 / 18 / 2009  
**Transaction ID:** SA11AI.9959  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Anna Lisa Guzman  
 Mailing Address P.O. Box 720235  
 City State Zip Code  
 McAllen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt MM / DD / YYYY 05 / 20 / 2009  
**Transaction ID:** SA11AI.9793  
 Amount of Each Receipt this Period 50.00  
 contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 144  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Anna Lisa Guzman

Mailing Address P.O. Box 720235

City State Zip Code  
McAllen TX 78504

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

Name of Employer selfemployed Occupation  
physician assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9960

Amount of Each Receipt this Period  
50.00

contribution

**B.** 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9626

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 ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9794

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<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)  
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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9961

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Hausle

Mailing Address 701 South J

City State Zip Code  
McAllen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9627

Amount of Each Receipt this Period  
75.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Hausle

Mailing Address 701 South J

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 ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9795

Amount of Each Receipt this Period  
75.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 62 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas Hausle

Mailing Address 701 South J

City State Zip Code  
McAllen TX 78501

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

Name of Employer self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9962

Amount of Each Receipt this Period  
75.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 611.26

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9630

Amount of Each Receipt this Period  
174.92

contribution

**C.** Full Name (Last, First, Middle Initial)  
Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 805.68

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9796

Amount of Each Receipt this Period  
194.42

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **444.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 945.76

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9963

Amount of Each Receipt this Period

140.08

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ms Monica Hensler

Mailing Address 3414 Princess Street

City State Zip Code  
Edinburg TX 78539

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

Name of Employer selfemployed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9964

Amount of Each Receipt this Period

50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ambrosio Hernandez

Mailing Address 2000 Dana

City State Zip Code  
Pharr TX 78577

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9634

Amount of Each Receipt this Period

250.00

contribution

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

440.08

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 64 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Ambrosio Hernandez

Mailing Address 2000 Dana

City State Zip Code  
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9798  
Amount of Each Receipt this Period: 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Ambrosio Hernandez

Mailing Address 2000 Dana

City State Zip Code  
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.9965  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9633  
Amount of Each Receipt this Period: 250.00  
contribution

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 144  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID:** SA11AI.9799  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID:** SA11AI.9966  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Maria Hoffman

Mailing Address 802 Inspiration Road

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** SA11AI.9618  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code  
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9786

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code  
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9953

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9635

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9800

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9967

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9638

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 68 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9803

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9970

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9640

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Gholam Kiani  
Mailing Address 213 e. Xenops  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9805  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Gholam Kiani  
Mailing Address 213 e. Xenops  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 06 / 18 / 2009  
Transaction ID: SA11AI.9972  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Mary Elizabeth Klenz  
Mailing Address 5111 N. 10th Street  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: SA11AI.9641  
Amount of Each Receipt this Period 250.00  
contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Mary Elizabeth Klenz  
Mailing Address 5111 N. 10th Street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9806

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Mary Elizabeth Klenz  
Mailing Address 5111 N. 10th Street

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9973

Amount of Each Receipt this Period  
250.00

contribution

**C.** 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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9642

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9807

Amount of Each Receipt this Period  
250.00

contribution

**B.** 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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9974

Amount of Each Receipt this Period  
250.00

contribution

**C.** 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9643

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jorge Kutugata</p> <p>Mailing Address Rt 2 Box 522-K</p> <p>City State Zip Code <b>weslaco TX 78596</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 20 / 2009</span></p> <p><b>Transaction ID: SA11AI.9808</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jorge Kutugata</p> <p>Mailing Address Rt 2 Box 522-K</p> <p>City State Zip Code <b>weslaco TX 78596</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2009</span></p> <p><b>Transaction ID: SA11AI.9975</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Ramiro Leal</p> <p>Mailing Address 601 Tulip</p> <p>City State Zip Code <b>mcallen TX 78504</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 10 / 2009</span></p> <p><b>Transaction ID: SA11AI.9644</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9809

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9976

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9645

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9810

Amount of Each Receipt this Period  
250.00

contribution

**B.** 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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9977

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code  
San Benito TX 78586

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9978

Amount of Each Receipt this Period  
50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.

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  
selfemployed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2009

Transaction ID: SA11AI.9647

Amount of Each Receipt this Period

250.00

contribution

B.

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  
selfemployed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 20 / 2009

Transaction ID: SA11AI.9812

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  
selfemployed physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2009

Transaction ID: SA11AI.9979

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼: 688.88

Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9648  
Amount of Each Receipt this Period: 183.58  
contribution

**B.** 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 ▼: 938.88

Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9814  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** 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 ▼: 1188.88

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.9980  
Amount of Each Receipt this Period: 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **683.58**

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

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

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

FOR LINE NUMBER: PAGE 77 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3801 Sundown Court East

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9650

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 3801 Sundown Court East

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9817

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 3801 Sundown Court East

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9982

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 04 / 10 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9651</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 05 / 20 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9818</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 06 / 18 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9983</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 79 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 10 / 2009

Transaction ID: SA11AI.9652

Amount of Each Receipt this Period 250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 18 / 2009

Transaction ID: SA11AI.9984

Amount of Each Receipt this Period 250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Guillermo Marquez

Mailing Address 1702 Trinity Road

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9819

Amount of Each Receipt this Period 250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 ▼ 1000.00  
Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9653  
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 ▼ 1250.00  
Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9820  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** 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 ▼ 1500.00  
Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.9985  
Amount of Each Receipt this Period: 250.00  
contribution

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 144  
(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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9654

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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 ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9821

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9986

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 144  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9655

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9822

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.9987

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 144  
(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

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 1516 Iris		<b>Transaction ID:</b> SA11AI.9657
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 ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 1516 Iris		<b>Transaction ID:</b> SA11AI.9824
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 ▼ 1250.00	

**C.**

Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 1516 Iris		<b>Transaction ID:</b> SA11AI.9989
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 ▼ 1500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Bertha Medina  
 Mailing Address 1300 1 1/2 Street  
 City State Zip Code  
 mcallen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 04 / 10 / 2009  
**Transaction ID:** SA11AI.9658  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Bertha Medina  
 Mailing Address 1300 1 1/2 Street  
 City State Zip Code  
 mcallen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 05 / 20 / 2009  
**Transaction ID:** SA11AI.9825  
 Amount of Each Receipt this Period 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Bertha Medina  
 Mailing Address 1300 1 1/2 Street  
 City State Zip Code  
 mcallen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 06 / 18 / 2009  
**Transaction ID:** SA11AI.9990  
 Amount of Each Receipt this Period 250.00  
 contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 144

(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

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**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  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9659

Amount of Each Receipt this Period

250.00

contribution

**B.**

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  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9826

Amount of Each Receipt this Period

250.00

contribution

**C.**

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  
physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.9991

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.9660  
 Amount of Each Receipt this Period 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Carlos N Mohamed, Jr.  
 Mailing Address 2821 Michael Angelo  
 City State Zip Code  
Edinburg TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.9661  
 Amount of Each Receipt this Period 100.00  
 contribution

**C.** 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 physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9  
**Transaction ID:** SA11AI.9827  
 Amount of Each Receipt this Period 250.00  
 contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 144

(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

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code  
Edinburg TX 78539

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2009

**Transaction ID:** SA11AI.9828

Amount of Each Receipt this Period 100.00

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  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 18 / 2009

**Transaction ID:** SA11AI.9992

Amount of Each Receipt this Period 250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code  
Edinburg TX 78539

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2009

**Transaction ID:** SA11AI.9993

Amount of Each Receipt this Period 100.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 88 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** 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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9662

Amount of Each Receipt this Period  
250.00

contribution

**B.** 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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9829

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 physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.9994

Amount of Each Receipt this Period  
250.00

contribution

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

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



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

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

FOR LINE NUMBER: PAGE 89 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Leonel Moreno

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9663  
Amount of Each Receipt this Period: 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Leonel Moreno

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9830  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Leonel Moreno

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.9995  
Amount of Each Receipt this Period: 250.00  
contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial) Lauren Naylor		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 3020 Melinda Drive		<b>Transaction ID:</b> SA11AI.9831
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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 ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Lauren Naylor		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 3020 Melinda Drive		<b>Transaction ID:</b> SA11AI.9996
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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	

**C.**

Full Name (Last, First, Middle Initial) Dr. Noel Oliveira		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 9917 Bentsen Road		<b>Transaction ID:</b> SA11AI.9832
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code  
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.9997

Amount of Each Receipt this Period  
100.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Armando Osio

Mailing Address 600 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9666

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Armando Osio

Mailing Address 600 Tulip

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9833

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Armando Osio		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 600 Tulip		<b>Transaction ID:</b> SA11AI.9998
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 ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 121 E. Quamasia #148		<b>Transaction ID:</b> SA11AI.9667
City mcallen	State TX	Zip Code 78501
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 ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 121 E. Quamasia #148		<b>Transaction ID:</b> SA11AI.9834
City mcallen	State TX	Zip Code 78501
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 ▼ 1250.00	

<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)  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Fernando Otero

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.9999

Amount of Each Receipt this Period 250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Kip Owen

Mailing Address 2305 Red River

City mcallen State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2009

Transaction ID: SA11AI.9668

Amount of Each Receipt this Period 75.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Kip Owen

Mailing Address 2305 Red River

City mcallen State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9835

Amount of Each Receipt this Period 75.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 94 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Kip Owen

Mailing Address 2305 Red River

City State Zip Code  
mcallen TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.10000  
Amount of Each Receipt this Period: 75.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City State Zip Code  
Edinburg TX 78540

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.10001  
Amount of Each Receipt this Period: 50.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9670  
Amount of Each Receipt this Period: 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

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

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9837

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10002

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code  
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9671

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 96 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code  
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9838

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code  
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10003

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code  
McAllen TX 78502

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

Name of Employer Self-employed Occupation physcian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9672

Amount of Each Receipt this Period  
150.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 144  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code  
McAllen TX 78502

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

Name of Employer Self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9839

Amount of Each Receipt this Period  
150.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code  
McAllen TX 78502

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

Name of Employer Self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10004

Amount of Each Receipt this Period  
150.00

contribution

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

Mailing Address 100 Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9673

Amount of Each Receipt this Period  
250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9840

Amount of Each Receipt this Period 250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code  
mcallen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10005

Amount of Each Receipt this Period 250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code  
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9674

Amount of Each Receipt this Period 250.00

contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 905 S. Huisache Court

City State Zip Code  
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9841

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 905 S. Huisache Court

City State Zip Code  
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.10006

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 488.15

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9675

Amount of Each Receipt this Period  
125.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
**mcallen TX 78502**

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **613.15**

Date of Receipt **05 / 20 / 2009**

**Transaction ID: SA11AI.9842**

Amount of Each Receipt this Period **125.00**

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code  
**mcallen TX 78502**

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **716.81**

Date of Receipt **06 / 18 / 2009**

**Transaction ID: SA11AI.10007**

Amount of Each Receipt this Period **103.66**

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code  
**mcallen TX 78501**

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

Name of Employer self-employed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 10 / 2009**

**Transaction ID: SA11AI.9676**

Amount of Each Receipt this Period **250.00**

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **478.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 144  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Claudia Pierson</p> <p>Mailing Address 6912 N. Peking</p> <p>City State Zip Code mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 20 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9843</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Claudia Pierson</p> <p>Mailing Address 6912 N. Peking</p> <p>City State Zip Code mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1461.02</p>	<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2009</p> <p><b>Transaction ID:</b> SA11AI.10010</p> <p>Amount of Each Receipt this Period 211.02</p> <p>contribution</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Sergio Preciado</p> <p>Mailing Address 521 E. Bluebird</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 10 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9678</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>711.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9845

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.10012

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code  
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9679

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 103 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID:** SA11AI.9846  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID:** SA11AI.10013  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Gustavo Ramos

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physicaian

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** SA11AI.9680  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed physcain

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9847

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code  
mcallen TX 78501

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

Name of Employer selfemployed Occupation  
selfemployed physcain

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.10014

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code  
Edinburg TX 78539

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 ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.10016

Amount of Each Receipt this Period

50.00

contribution

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

550.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
R.V. Reddy  
Mailing Address 1500 Southland Drive  
City weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: SA11AI.9684  
Amount of Each Receipt this Period 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
R.V. Reddy  
Mailing Address 1500 Southland Drive  
City weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9853  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
R.V. Reddy  
Mailing Address 1500 Southland Drive  
City weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 06 / 18 / 2009  
Transaction ID: SA11AI.10018  
Amount of Each Receipt this Period 250.00  
contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9685

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9854

Amount of Each Receipt this Period

250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation  
selfemployed physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.10019

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9687

Amount of Each Receipt this Period  
250.00

contribution

**B.**

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 ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9856

Amount of Each Receipt this Period  
250.00

contribution

**C.**

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.10021

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 144  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Robalino</p> <p>Mailing Address 1217 S. Cynthia</p> <p>City State Zip Code mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer selfemployed Occupation selfemployed physcian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 10 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9688</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Robalino</p> <p>Mailing Address 1217 S. Cynthia</p> <p>City State Zip Code mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer selfemployed Occupation selfemployed physcian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 20 / 2009</p> <p><b>Transaction ID:</b> SA11AI.9857</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Benjamin Robalino</p> <p>Mailing Address 1217 S. Cynthia</p> <p>City State Zip Code mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer selfemployed Occupation selfemployed physcian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 18 / 2009</p> <p><b>Transaction ID:</b> SA11AI.10022</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>750.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: PAGE 109 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code  
Santa Rosa TX 78593

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10023

Amount of Each Receipt this Period  
50.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Paulette Saca

Mailing Address 109 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9690

Amount of Each Receipt this Period  
125.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Paulette Saca

Mailing Address 109 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9859

Amount of Each Receipt this Period  
125.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Paulette Saca

Mailing Address 109 Condor

City State Zip Code  
mcallen TX 78504

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

Name of Employer self-employed Occupation  
private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10024

Amount of Each Receipt this Period  
125.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9691

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation  
physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9860

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2308 Monaco Drive

City State Zip Code  
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.10025

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9692

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code  
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9861

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 144
	<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) JJ Saenz	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 2400 S.E. Augusta Square	<b>Transaction ID:</b> SA11AI.10026
	City State Zip Code mcallen TX 78503	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) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Safir	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 3300 S. 2nd suite 10	<b>Transaction ID:</b> SA11AI.9693
	City State Zip Code mcallen TX 78503	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) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry Safir	Date of Receipt MM / DD / YYYY 05 / 20 / 2009
	Mailing Address 3300 S. 2nd suite 10	<b>Transaction ID:</b> SA11AI.9862
	City State Zip Code mcallen TX 78503	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) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 1250.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 3300 S. 2nd suite 10		<b>Transaction ID:</b> SA11AI.10027
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Juan Salazar		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 801 E Nolana Loop		<b>Transaction ID:</b> SA11AI.9694
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 ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Juan Salazar		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 801 E Nolana Loop		<b>Transaction ID:</b> SA11AI.9863
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 ▼ 1250.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 801 E Nolana Loop

City State Zip Code  
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.10028

Amount of Each Receipt this Period  
250.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Elisa Garza Sanchez

Mailing Address 3509 N. Glasscock

City State Zip Code  
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

Transaction ID: SA11AI.9696

Amount of Each Receipt this Period  
125.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Elisa Garza Sanchez

Mailing Address 3509 N. Glasscock

City State Zip Code  
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9865

Amount of Each Receipt this Period  
125.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 115 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Elisa Garza Sanchez

Mailing Address 3509  
N. Glasscock

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 18 / 2009  
Transaction ID: SA11AI.10030  
Amount of Each Receipt this Period 125.00  
contribution

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

Mailing Address 1912 Fair Oak

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 10 / 2009  
Transaction ID: SA11AI.9695  
Amount of Each Receipt this Period 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Luis San Miguel

Mailing Address 1912 Fair Oak

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.9864  
Amount of Each Receipt this Period 250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 625.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Luis San Miguel

Mailing Address 1912 Fair Oak

City Mission State TX Zip Code 78574

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1441.68

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.10029

Amount of Each Receipt this Period 191.68

contribution

**B.**

Full Name (Last, First, Middle Initial)  
John Sharp

Mailing Address P. O.Box 236

City austin State TX Zip Code 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 ▼ 1000.00

Date of Receipt 04 / 10 / 2009

Transaction ID: SA11AI.9697

Amount of Each Receipt this Period 250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Sharp

Mailing Address P. O.Box 236

City austin State TX Zip Code 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 ▼ 1250.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9866

Amount of Each Receipt this Period 250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **691.68**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Sharp</p> <p>Mailing Address P. O.Box 236</p> <p>City State Zip Code <u>austin</u> TX 78767</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self-employed Occupation private investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.10031</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Tawhid Shuaib</p> <p>Mailing Address 4000 Burns Drive</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 10 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.9698</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Tawhid Shuaib</p> <p>Mailing Address 4000 Burns Drive</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 20 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.9867</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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 ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.10032

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.9868

Amount of Each Receipt this Period  
50.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Slavin

Mailing Address 1501 S. Oklahoma

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.10033

Amount of Each Receipt this Period  
50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 144  
(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

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code  
**Mcallen TX 78501**

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **677.32**

Date of Receipt **04 / 10 / 2009**

**Transaction ID: SA11AI.9701**

Amount of Each Receipt this Period **189.12**

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code  
**Mcallen TX 78501**

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **855.98**

Date of Receipt **05 / 20 / 2009**

**Transaction ID: SA11AI.9870**

Amount of Each Receipt this Period **178.66**

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code  
**Mcallen TX 78501**

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **984.71**

Date of Receipt **06 / 18 / 2009**

**Transaction ID: SA11AI.10035**

Amount of Each Receipt this Period **128.73**

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **496.51**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code  
Edinburg TX 78539

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.9702

Amount of Each Receipt this Period  
250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code  
Edinburg TX 78539

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.9871

Amount of Each Receipt this Period  
250.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code  
Edinburg TX 78539

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

Name of Employer Self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.10036

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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



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

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

FOR LINE NUMBER: PAGE 121 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

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

Mailing Address 112 S. Broadway

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.9703

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 112 S. Broadway

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

**Transaction ID:** SA11AI.9872

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 112 S. Broadway

City State Zip Code  
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.10037

Amount of Each Receipt this Period  
250.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 312 Thunderbird		<b>Transaction ID:</b> SA11AI.9704
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 self-employed self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 312 Thunderbird		<b>Transaction ID:</b> SA11AI.9873
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 self-employed self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

**C.**

Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 312 Thunderbird		<b>Transaction ID:</b> SA11AI.10038
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 self-employed self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** SA11AI.9705  
 Amount of Each Receipt this Period: 250.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 20 / 2009  
**Transaction ID:** SA11AI.9874  
 Amount of Each Receipt this Period: 250.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID:** SA11AI.10039  
 Amount of Each Receipt this Period: 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial) Lourdes Uribe		Date of Receipt
Mailing Address 801 E. Nolana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
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 ▼ <input type="text"/> 300.00
		Transaction ID: SA11AI.9706
		Amount of Each Receipt this Period <input type="text"/> 75.00
		contribution

**B.**

Full Name (Last, First, Middle Initial) Lourdes Uribe		Date of Receipt
Mailing Address 801 E. Nolana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
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 ▼ <input type="text"/> 375.00
		Transaction ID: SA11AI.9875
		Amount of Each Receipt this Period <input type="text"/> 75.00
		contribution

**C.**

Full Name (Last, First, Middle Initial) Lourdes Uribe		Date of Receipt
Mailing Address 801 E. Nolana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
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 ▼ <input type="text"/> 450.00
		Transaction ID: SA11AI.10040
		Amount of Each Receipt this Period <input type="text"/> 75.00
		contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 225.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 125 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Jose Vasquez  
Mailing Address 2548 Palm Circle  
City State Zip Code  
rio grande city TX 78582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9639  
Amount of Each Receipt this Period: 250.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Jose Vasquez  
Mailing Address 2548 Palm Circle  
City State Zip Code  
rio grande city TX 78582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9804  
Amount of Each Receipt this Period: 250.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Jose Vasquez  
Mailing Address 2548 Palm Circle  
City State Zip Code  
rio grande city TX 78582  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.9971  
Amount of Each Receipt this Period: 250.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 144
	<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) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2009
	City	State	Zip Code
	McAllen	TX	78503
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9707
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 20 / 2009
	City	State	Zip Code
	McAllen	TX	78503
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9876
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2009
	City	State	Zip Code
	McAllen	TX	78503
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10041
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1250.00	
<input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 127 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City State Zip Code  
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.10042  
Amount of Each Receipt this Period: 50.00 contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City State Zip Code  
Raymondville TX 78580

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.10043  
Amount of Each Receipt this Period: 50.00 contribution

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

Mailing Address P. O. Box 1632

City State Zip Code  
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: SA11AI.9710  
Amount of Each Receipt this Period: 125.00 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 144  
(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"/>		<input type="checkbox"/>		<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)  
Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code  
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9879

Amount of Each Receipt this Period  
125.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code  
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10044

Amount of Each Receipt this Period  
125.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
781.23

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9711

Amount of Each Receipt this Period  
223.56

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **473.56**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 144  
(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"/>		<input type="checkbox"/>		<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) Rita Villanueva		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11AI.9881
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 179.12
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 ▼ 960.35	

**B.**

Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 801 E. Nolana Suite 4		Transaction ID: SA11AI.10045
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 129.06
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 ▼ 1089.41	

**C.**

Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 901 W. Moore		Transaction ID: SA11AI.9712
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 182.77
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 ▼ 638.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	490.95
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

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. **C**

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 785.13

Date of Receipt: 05 / 20 / 2009  
**Transaction ID:** SA11AI.9883  
 Amount of Each Receipt this Period: 146.44  
 contribution

**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. **C**

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.64

Date of Receipt: 06 / 18 / 2009  
**Transaction ID:** SA11AI.10046  
 Amount of Each Receipt this Period: 105.51  
 contribution

**C.**

Full Name (Last, First, Middle Initial)  
Roger Vitko

Mailing Address 1017 south 1st

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** SA11AI.9713  
 Amount of Each Receipt this Period: 150.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **401.95**

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

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

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

FOR LINE NUMBER: PAGE 131 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9884

Amount of Each Receipt this Period  
150.00

contribution

**B.** Full Name (Last, First, Middle Initial)  
Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code  
mcallen TX 78502

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

Name of Employer self-employed Occupation  
self-employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.10047

Amount of Each Receipt this Period  
150.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Raymond Walker

Mailing Address 1117 Shallow apt 4

City State Zip Code  
mcallen TX 78504

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** SA11AI.9714

Amount of Each Receipt this Period  
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 132 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Raymond Walker

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.9885

Amount of Each Receipt this Period 250.00

contribution

**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. **C**

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.10048

Amount of Each Receipt this Period 250.00

contribution

**C.** 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. **C**

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 611.26

Date of Receipt 04 / 10 / 2009

Transaction ID: SA11AI.9715

Amount of Each Receipt this Period 174.92

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 674.92

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) James Webb		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 312 Redbud		<b>Transaction ID:</b> SA11AI.9886
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 161.85
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.11	

**B.**

Full Name (Last, First, Middle Initial) James Webb		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 312 Redbud		<b>Transaction ID:</b> SA11AI.10049
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 116.62
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 889.73	

**C.**

Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 111 Rio Grande		<b>Transaction ID:</b> SA11AI.9716
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>378.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 134 / 144  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9887  
Amount of Each Receipt this Period: 100.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
Patrick Wilcox

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 18 / 2009  
Transaction ID: SA11AI.10050  
Amount of Each Receipt this Period: 100.00  
contribution

**C.** Full Name (Last, First, Middle Initial)  
Subbarao Yarra

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.9888  
Amount of Each Receipt this Period: 50.00  
contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.**

Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt MM / DD / YYYY 06 / 18 / 2009
Mailing Address 6905 N. Cynthia		<b>Transaction ID:</b> SA11AI.10051
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Hugo Zapata		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 316 Xenops		<b>Transaction ID:</b> SA11AI.9718
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 ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Hugo Zapata		Date of Receipt MM / DD / YYYY 05 / 20 / 2009
Mailing Address 316 Xenops		<b>Transaction ID:</b> SA11AI.9889
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 ▼ 1250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 144  
(check only one)

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

A.

Full Name (Last, First, Middle Initial)  
Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code  
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.10052

Amount of Each Receipt this Period  
250.00

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	83869.54



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 144  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ken Salazar		Date of Receipt
	Mailing Address 702 Hart Senate Office Building		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20510
	FEC ID number of contributing federal political committee.		<input type="text" value="C S4CO00163"/>
Name of Employer US Senate		Occupation Us Senator	Transaction ID: SA16.10054 Amount of Each Receipt this Period <input type="text" value="5000.00"/> return of contribution by ken salazar
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 144

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) AC Rentals  Mailing Address PO Box 2673  City McAllen State TX Zip Code 78502  Purpose of Disbursement rental expenditures Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10083 Date of Disbursement 06 / 30 / 2009  Amount of Each Disbursement this Period 900.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Cameo Parking Systems Inc  Mailing Address 1311 E. Hackberry Avenue  City McAllen State TX Zip Code 78501  Purpose of Disbursement membership solicitation expenditure Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10079 Date of Disbursement 06 / 09 / 2009  Amount of Each Disbursement this Period 1380.19  003 Category/ Type
C.	Full Name (Last, First, Middle Initial) Suleima Mohamed  Mailing Address 5408 N. Cynthia  City McAllen State TX Zip Code 78504  Purpose of Disbursement contract labor services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10082 Date of Disbursement 06 / 25 / 2009  Amount of Each Disbursement this Period 289.40  001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2569.59

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 139 / 144

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Peppers	Transaction ID: SB21B.10078
	Mailing Address 4620 North 10th Street	Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	City McAllen State TX Zip Code 78504	Amount of Each Disbursement this Period 1223.51
	Purpose of Disbursement membership solicitatin expenditure Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wray & Company	Transaction ID: SB21B.10060
	Mailing Address 19678 Landrum Park Road	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City San Benito State TX Zip Code 78586	Amount of Each Disbursement this Period 6240.00
	Purpose of Disbursement Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7463.51
<b>TOTAL</b> This Period (last page this line number only) .....	10033.10

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MARK BEGICH</p> <p>Mailing Address PO BOX 410</p> <p>City PALMER State AK Zip Code 99645</p> <p>Purpose of Disbursement contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name MARK BEGICH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00</p>	<p><b>Transaction ID:</b> SB23.10072 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	9		2	0	0	9													
5000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) SHERROD BROWN</p> <p>Mailing Address 37905 HERON LN</p> <p>City AVON LAKE State OH Zip Code 44011</p> <p>Purpose of Disbursement contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name SHERROD BROWN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00</p>	<p><b>Transaction ID:</b> SB23.10070 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	6		2	0	0	9													
5000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN</p> <p>Mailing Address P O BOX 811</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name CITIZENS FOR HARKIN</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.10074 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	7		2	0	0	9													
5000.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**15000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 144

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23.10061</p> <p><b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9</p> <p><b>Amount of Each Disbursement this Period</b> 15000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>AMY J KLOBUCHAR</b></p> <p>Mailing Address PO BOX 4146</p> <p>City ST PAUL State MN Zip Code 55104</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name <b>AMY J KLOBUCHAR</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 00</p>	<p><b>Transaction ID:</b> SB23.10071</p> <p><b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p><b>Amount of Each Disbursement this Period</b> 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>GREGORY W. MEEKS</b></p> <p>Mailing Address 153-01 Jamaica Ave. Suite 535</p> <p>City Jamaica State NY Zip Code 11432</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name <b>GREGORY W. MEEKS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 06</p>	<p><b>Transaction ID:</b> SB23.10086</p> <p><b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9</p> <p><b>Amount of Each Disbursement this Period</b> 5000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**25000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Robert Menendez	Transaction ID: SB23.10084 Date of Disbursement 05 / 04 / 2009
	Mailing Address One Gateway Center Suite 1100	Amount of Each Disbursement this Period 5000.00
	City Newark State NJ Zip Code 07102	
	Purpose of Disbursement contribution Candidate Name Robert Menendez	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JON TESTER	Transaction ID: SB23.10069 Date of Disbursement 04 / 02 / 2009
	Mailing Address 709 SON LANE PO BOX 1248	Amount of Each Disbursement this Period 5000.00
	City BIG SANDY State MT Zip Code 59520	
	Purpose of Disbursement contribution Candidate Name JON TESTER	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

10000.00

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

50000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
BORDER HEALTH FEDERAL PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> AC Rentals			Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	ZIP Code 78502	

Outstanding Balance Beginning This Period <input type="text" value="900.00"/>		<b>Transaction ID: SD10.9553</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="900.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> AC Rentals			Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	ZIP Code 78502	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.10053</b>	
Amount Incurred This Period <input type="text" value="900.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="900.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1800.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text" value="1800.00"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1800.00"/>

A. Form/Schedule : **SD10**  
Transaction ID : **SD10.9553**

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

B. Form/Schedule : **SD10**  
Transaction ID : **SD10.10053**

rent expenditure for office for 1st quarter of 2009 incurred but not paid.